

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90004 007 \*\*\*\*50.00

**DOCUMENT # L02000001894**

1. Entity Name  
**GEMINI PLUS, LLC**



Principal Place of Business  
**240 N WASHINGTON BLVD  
SUITE 326  
SARASOTA, FL 34236**

Mailing Address  
**PO BOX 4234  
SARASOTA, FL 34230**

**24004904**



2. Principal Place of Business  
**Su P.O. Box 5978  
Cti Sarasota, Florida  
Zit 34277-5978 U.S.**

3. Mailing Address  
**P.O. Box 19797  
Sarasota, Florida  
34276-2797 U.S.**

01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**80-0029071**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QUICKER, MICHAEL J  
240 N WASHINGTON BLVD  
SUITE 326  
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent  
**Name Quicker, Michael J.  
Street 7061 S. Tamiami Trail  
Suite 106  
City Sarasota, FL 34231  
ip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael J. Quicker* DATE 1/26/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NICHOLAS, JONATHAN 240 N WASHINGTON BLVD STE 326 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Jodhan, Nicholas 240 N. Washington Blvd., Ste 420 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE 1/26/04 DAYTIME PHONE # 941.366.9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE