

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001894

Entity Name: GEMINI PLUS, LLC

FILED
Aug 18, 2008
Secretary of State

Current Principal Place of Business:

240 NORTH WASHINGTON BOULEVARD
SUITE 420
SARASOTA, FL 34236 US

Current Mailing Address:

PO BOX 19797
SARASOTA, FL 342762797

New Principal Place of Business:

2480 FRUITVILLE ROAD
SUITE 6
SARASOTA, FL 34237 US

New Mailing Address:

2480 FRUITVILLE ROAD
SUITE 6
SARASOTA, FL 34237 US

FEI Number: 80-0029071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QUICKER, MICHAEL J
7061 S. TAMiami TRAIL
SUITE 106
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

JODHAN, NICHOLAS
2480 FRUITVILLE ROAD
SUITE 6
SARASOTA, FL 34237 US

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.

SIGNATURE: NICHOLAS JODHAN

08/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLAS, JODHAN
Address: 240 N. WASHINGTON BLVD., STE 420
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICHOLAS, JODHAN
Address: 2480 FRUITVILLE ROAD STE 6
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICHOLAS JODHAN

MGR

08/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date