

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90512 020 ***138.75

DOCUMENT # L02000033799

1. Entity Name
GEMINI PROPERTY DEVELOPMENT, LLC



Principal Place of Business
240 WASHINGTON BOULEVARD
SUITE 420
SARASOTA, FL 34236 US

Mailing Address
P.O. BOX 19797
SARASOTA, FL 34276-2797

2. Principal Place of Business - No P.O. Box #
240 Frontville Rd

3. Mailing Address
Same

Suite, Apt. #, etc.
Ste 6

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State

Zip
34237

Country

Zip

Country

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
22-3887739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JODHAN, NICHOLAS
STREET ADDRESS 240 N. WASHINGTON BLVD., STE 420
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #