

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012132

Entity Name: GEMSTONE SECURITIES, LLC

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

19321 US HWY 19 N  
BLDG A STE 100  
CLEARWATER, FL 33764 US

## Current Mailing Address:

19321 US HWY 19 N  
BLDG A STE 100  
CLEARWATER, FL 33764 US

## New Principal Place of Business:

19321 US HWY 19 N  
BLDG C STE 520  
CLEARWATER, FL 33764 US

## New Mailing Address:

19321 US HWY 19 N  
BLDG C STE 520  
CLEARWATER, FL 33764 US

FEI Number: 42-1584396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TWARDOWSKI, DALE D  
19321 US HWY 19 N  
BLDG A STE 100  
33764, FL 34683 US

## Name and Address of New Registered Agent:

TWARDOWSKI, DALE D  
19321 US HWY 19 N  
BLDG C STE 520  
33764, FL 34683 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:

03/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TWARDOWSKI, DALE D  
Address: 19321 US HWY 19 N BLDG A STE 100  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TWARDOWSKI, DALE D  
Address: 19321 US HWY 19 N BLDG C STE 520  
City-St-Zip: CLEARWATER, FL 33764 US

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: DALE D. TWARDOWSKI

MGR

03/27/2009

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