

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022481

**FILED**  
**Jan 07, 2005**  
**Secretary of State**

**Entity Name:** GEM OF A KIND, LLC

**Current Principal Place of Business:**

2187 EGRET DRIVE  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

2187 EGRET DRIVE  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 87-0701580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARSCH, SHERRI S  
2187 EGRET DRIVE  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PARSCH, SHERRI S  
Address: 2187 EGRET DRIVE  
City-St-Zip: CLEARWATER, FL 33764 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRI S. PARSCH

MGRM

01/07/2005

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