
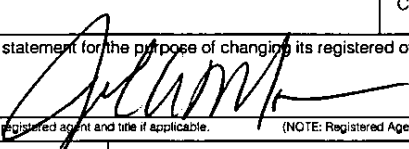
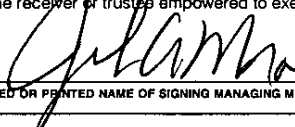


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 028 ****50.00

| | | | | | |
|---|---------------------------------|---------------------|--|---|--|
| DOCUMENT # L04000031194 1. Entity Name G.E.M. PARTNERS, L.L.C. | | | |  | |
| Principal Place of Business % JOHN A. MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 | | | Mailing Address % JOHN A. MORAN P.O. BOX 3948 SARASOTA, FL 34230 | | |
| 2. Principal Place of Business 1990 MAIN STREET | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. Suite 700 | | Suite, Apt. #, etc. | | | |
| City & State Sarasota, FL | | City & State | | | |
| Zip 34236 | Country U.S. | Zip | Country | 4. FEI Number 83-0393528 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34230 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET, SUITE 700 City Sarasota FL Zip Code 34236 | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE 2-16-05 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHN A. Moran, Auth Mgr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 3948 SARASOTA FL 34230 | |
| 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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| 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:  AUTH Manager 2/16/05 941/366-0115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |