

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2005 90096 034 ****50.00

DOCUMENT # L04000031615 1. Entity Name GEMINI INDUSTRIES, LLC			
Principal Place of Business 1975 E SUNRISE BLVD, STE 603 FORT LAUDERDALE, FL 33304		Mailing Address 1975 E SUNRISE BLVD, STE 603 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 13622 Pinecrest Dr Suite, Apt. #, etc.		3. Mailing Address 13622 Pinecrest Dr Suite, Apt. #, etc.	
City & State Largo FL		City & State Largo FL	
Zip 33774		Zip 33774	
Country Pinellas		Country Pinellas	
4. FEI Number 20-1614026		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWRENCE, DAVID R 1975 E SUNRISE BLVD, STE 603 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Shelba F. Bowsman Street Address (P.O. Box Number is Not Acceptable) 13622 Pinecrest Drive City Largo FL Zip Code 33274	
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 <u><i>Shelba F. Bowsman</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGRM LAWRENCE, DAVID R 1975 E SUNRISE BLVD, STE 603 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peter Cosentino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13622 Pinecrest Dr Largo FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Peter Cosentino <input type="checkbox"/> Delete 13622 Pinecrest Dr Largo FL 33774	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Shelba F. Bowsman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13622 Pinecrest Dr Largo FL 33774
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
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
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: <u><i>Shelba F. Bowsman</i></u>		Date <u>4-14-05</u> Daytime Phone # <u>727-517-1812</u>	