

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048618

Entity Name: GEM CITY HOLDINGS, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

1451 DIXON BLVD.
COCOA, FL 32922

New Principal Place of Business:

1100 WEST KING STREET
COCOA, FL 32922

Current Mailing Address:

1451 DIXON BLVD.
COCOA, FL 32922

New Mailing Address:

1100 WEST KING STREET
COCOA, FL 32922

FEI Number: 71-0973448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELNACK, JOE
1451 DIXON BLVD.
COCOA, FL 32922 US

Name and Address of New Registered Agent:

WELNACK, JOE
1083 RED BUD CIRCLE
ROCKLEDGE, FL 32955 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: JOSEPH M. WELNACK

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELNACK, JOE
Address: 1451 DIXON BLVD.
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: TRANCHIDA, SAL
Address: 1451 DIXON BLVD.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELNACK, JOE
Address: 1100 WEST KING STREET
City-St-Zip: COCOA, FL 32922

Title: MGRM (X) Change () Addition
Name: TRANCHIDA, SAL
Address: 1100 WEST KING STREET
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH M. WELNACK

MGM

01/10/2006

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