2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State

| DOCU 1. Entity Nam GEMINI | 16 | # L0400062 | 958 | | | AD DE LA CONTRACTION DE LA CON | 02-15-2005 | 90048 01 | 1 ****50 | 0.00 | |
|--|------------------------------|---|--|-------------------------------|---|--|--|---------------------------------|-----------------------------|---------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | _ | |
| 9234 CORAL ISLE WAY 9234 CORAL ISI FORT MYERS, FL 33919 FORT MYERS, FI | | | | | | | 20 | O10 | NA/ | ') | |
| | | | | | | | | | | / !!!#!!!! | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 02042005 | Chg-LLC | CR2E08 | 3 (10/03) | | | |
| City & State | | | City & State | | 4. FEI Numb | 4. FEI Number Applied For ✓ Not Applicable | | | | | |
| Zip | | | Zip Coun | | ntry | 5 Certificate of Status Desired S5.00 Addition | | | | itional | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name an | 7. Name and Address of New Registered Agent | | | | |
| SMITH, WILLIAM R | | | | | Name | | | | | | |
| 8191 COL | RKWAY | | Street | | | reet Address (P.O. Box Number is Not Acceptable) | | | | | |
| #204 FORT MYERS, FL 33919 | | | | | | · (E | | | | | |
| | | | | | | | | FL | Zip Code | • | |
| 8. The above | named entit | y submits this statement fo | r the purpose of changing its | register | ed office or regis | tered agent, or be | oth, in the State of Flo | rida. I am fa | I miliar with, | and accept | |
| the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | - | | | e check par Departmen | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | | ADDITIONS/ | CHANGES | | | |
| TITLE NAME | MGRM LEWINSK | I DORIS | ☐ Delete | TITU NAM | 1 | | | ļ | ☐ Change | Addition | |
| STREET ADDRESS | PRESS 9234 CORAL ISLE WAY | | STR | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | - | -ST-ZIP | | | | | Addition | |
| NAME : | | | ☐ Delete | TITL | | | | ı | ☐ Change | Audition | |
| STREET ADDRESS CITY-ST-ZIP | | | | 4 | EET ADDRESS '-ST-ZIP | | | | | | |
| TITLE -4 | | | Delete | TITL | | | | | Change | Addition | |
| NAME | | | | NAM | 1E | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | EET ADDRESS '-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | É | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | | NAM STRI | IE EET ADORESS | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | | NAM STRE | EET ADDRESS | | • | | | Ì | |
| CITY-ST-ZIP | | | | - | '-ST-ZIP | | | | | | |
| TITLE NAME ~ - | | | ☐ Delete | TITL NAM | | : | | | Change | ☐ Addition | |
| STREET ADDRESS | | * * * * | ر الساد مي الماديد الم | STRE | EET ADDRESS | | | ; | · · · · · · | | |
| CITY-ST-ZIP | | - 1-1 | at to 200 and along the control of the | | '-ST-ZIP | Castles 440 07(0) | (/) Fladda Otation | formalism and a second | | farmatian | |
| indicated limited lia | on this repo bility compa | e information supplied with rt is true and accurate and ny or the receiver or truster | this filling does not qualify for that my signature shall have to empoweled to execute this r | ne exe he same eport as | e legal effect as in s required by Cha | section 119.07(3) f made under oat apter 608, Florida | iti), Florida Statutes. h; that I am a manaç Statutes. | i lurther certif jing member | y that the in or manager | r of the | |