

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073181

Entity Name: GEMRON, L.L.C.

FILED  
Apr 10, 2007  
Secretary of State

**Current Principal Place of Business:**

11678 QUAIL VILLAGE WAY  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

11678 QUAIL VILLAGE WAY  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 30-0294637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCONNELL, GAIL E  
11678 QUAIL VILLAGE WAY  
NAPLES, FL 34119 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCONNELL, RONNIE B  
Address: 11678 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: MCCONNELL, GAIL  
Address: 11678 QUAIL VILLAGE WAY  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

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

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 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: RONNIE MCCONNELL

MGRM

04/10/2007

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