

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073489

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: GEMINI VERO II, LLC

**Current Principal Place of Business:**

471 RANCH ROAD  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

471 RANCH ROAD  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-1867991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLUBOWSKI, JERRY  
471 RANCH ROAD  
WESTON, FL 33326 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SLUBOWSKI, JERRY  
Address: 471 RANCH ROAD  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: WALLERSTEIN, STEVE  
Address: 7845 N.W. 123RD AVE  
City-St-Zip: PARKLAND, FL 33076

Title: MGR ( ) Delete  
Name: SCATES, RON  
Address: 212 GRAND POINTE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: JERRY P. SLUBOWSKI

MGR

04/26/2005

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