

04/24/2007 11:42

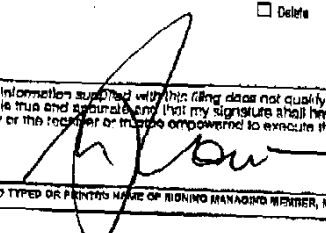
904-396-8076

ANSBACHE

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90325 001 ***150.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000085306			
1. Entity Name GEMM'D REALTY, LLC			
Principal Place of Business 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216		Mailing Address C/O ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BLVD., STE 2450 JACKSONVILLE, FL 32207-9037	
2. Principal Place of Business - No			
Suite, Apt. #, etc.		Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
City & State			
Zip	County		
3. Name and Address of Current Registered Agent			
ANSBACHER & MCKEEL, P.A. SUITE 2450 RIVERPLACE TOWER 1301 RIVERPLACE BOULEVARD JACKSONVILLE, FL 32207-9037		Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
4. 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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Filing Fee is \$50.00 Due by May 1, 2007	
5. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOREN, MICHAEL J 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDITIONS/CHANGES ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUY, MORGAN 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHRADER-KOREN, ELANA G 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORENDER, DONNA 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  4/24/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30006826



04242007 Chg-LLC CR2E083 (12/06)

4. FBI Number 20-1930186 (Applied For) (Not Applicable)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

In Code