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

30006826

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.

City & State

Zip County

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1930186

Applied For
Not Applicable

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

6. 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

Zip Code

8. 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
Required. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOREN, MICHAEL J 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUY, MORGAN 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 JACKSONVILLE, FL 32216	☐ Delete	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	☐ Delete	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 receiver 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 Date Daytime Phone #