

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085306

Entity Name: GEMM'D REALTY, LLC

FILED
Apr 12, 2011
Secretary of State

Current Principal Place of Business:

4085 UNIVERSITY BLVD. SOUTH, SUITE 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

C/O ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DR
JACKSONVILLE, FL 32217

New Mailing Address:

C/O ANSBACHER & ASSOCIATES, P.A.
8818 GOODBYS EXECUTIVE DR, SUITE 100
JACKSONVILLE, FL 32217

FEI Number: 20-1930186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DR
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

ANSBACHER & ASSOCIATES, P.A.
8818 GOODBYS EXECUTIVE DR
JACKSONVILLE, FL 32217 US

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: BARRY B. ANSBACHER

04/12/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KOREN, MICHAEL J
Address: 4085 UNIVERSITY BLVD. SOUTH, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: ORENDER, MG
Address: 4085 UNIVERSITY BLVD. SOUTH, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: SCHRADER-KOREN, ELANA G
Address: 4085 UNIVERSITY BLVD. SOUTH, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: ORENDER, DONNA
Address: 4085 UNIVERSITY BLVD. SOUTH, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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: MICHAEL J. KOREN

MGR

04/12/2011

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