


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 036 ****50.00

DOCUMENT # L05000040854	
1. Entity Name GEMINI 4927, LLC	

Principal Place of Business 19001 COUR ESTATES LUTZ, FL 33558 US	Mailing Address 19001 COUR ESTATES LUTZ, FL 33558 US
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2. Principal Place of Business 4931 VAN DYKE ROAD Suite, Apt. #, etc.	3. Mailing Address 4931 VAN DYKE ROAD Suite, Apt. #, etc.
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City & State LUTZ, FLORIDA	City & State LUTZ, FLORIDA
Zip 33558	Country U. S. A.



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2820510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6645 RIDGE ROAD PORT RICHEY, FL 34668	
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7. Name and Address of New Registered Agent Name SUSEELA PIDURU Street Address (P.O. Box Number is Not Acceptable) 4515 HARBOR POINTE DRIVE City PORT RICHEY FL Zip Code 34668	
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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 <u><i>Suseela Piduru</i></u> [SUSEELA PIDURU]	DATE <u>4/12/06</u>

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRONE, LINDA A 19001 COUR ESTATES LUTZ, FL 33558 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIDURU, SUSEELA 4515 HARBOR POINTE DRIVE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRONE, DANIEL A 19001 COUR ESTATES LUTZ, FL 33558 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIDURU, MALLIK 4515 HARBOR POINTE DRIVE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <u><i>Suseela Piduru</i></u>	DATE: <u>04/12/06</u>	DAYTIME PHONE: <u>727-534-6485</u>
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