2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000040854

1. Entity Name
GEMINI 4927, LLC

Principal Place of Business	Mailing Address
4931 VAN DYKE RD LUTZ, FL 33558 US	4931 VAN DYKE RD LUTZ, FL 33558 US

03262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2820510
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIDURU, SUSEELA
4515 HARBOUR POINTE DR
PORT RICHEY, FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TERRONE, LINDA A
STREET ADDRESS	19001 COUR ESTATES
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	MGRM
NAME	PIDURU, SUSEELA
STREET ADDRESS	4515 HARBOR POINTE DRIVE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	MGRM
NAME	TERRONE, DANIEL A
STREET ADDRESS	19001 COUR ESTATES
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	MGRM
NAME	PIDURU, MALLIK
STREET ADDRESS	4515 HARBOR POINTE DRIVE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80090-012 50.00

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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: Suseela Piduru SUSEELA PIDURU 03/27/2007 813-960-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #