2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000057149

Entity Name: GEMINI RANCH, LLC

Current Principal Place of Business:

8494 LUPTON PLACE
PLANT CITY, FL 33567

New Principal Place of Business:

117 W ALEXANDER STREET
#390
PLANT CITY, FL 33563

Current Mailing Address:

3691 STATE ROAD 580
UNIT H
OLDSMAR, FL 34677 US

New Mailing Address:

117 W ALEXANDER STREET
#390
PLANT CITY, FL 33563 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KEITH
3691 STATE ROAD 580
UNIT H
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

MENDEL, LOUIS PST
117 W ALEXANDER STREET
#390
PLANT CITY, FL 33563 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: LOUIS MENDEL 04/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSON, KEITH
Address: 3691 STATE ROAD 580 UNIT H
City-St-Zip: OLDSMAR, FL 34677

Title: ST (X) Delete
Name: JOHNSON, KEITH
Address: 3691 STATE ROAD 580 UNIT H
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MENDEL, LOUIS PST
Address: 117 W ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LOUIS MENDEL MGR 04/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date