

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-08-2006 90040 045 ****50.00

DOCUMENT # L05000074864					
1. Entity Name GEMBA LLC					
Principal Place of Business 450 E. LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-5041751				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. LAS OLAS CENTRE II, SUITE 1600 350 E. LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM HUN SR PERP TRUST MASTER TR I SHARE A 450 E Las Olas Blvd, #1500 Fort Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/25/06 Daytime Phone: _____		

30011245



ATTACHMENT
HUIZENGA HOLDINGS, INC.
450 EAST LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE, FLORIDA 33301
FAX (954) 627-5080
TELEPHONE (954) 627-5000

36011245
#LC5000074864

June 21, 2006

VIA CERTIFIED MAIL &
RETURN RECEIPT
#7160 3901 9848 3918 0250

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Dear Sir/Madam:

Per your request, enclosed please find the following Uniform Business Reports with the Federal Employer Identification Number:

4515 Broadway, LLC
618 45th Street, LLC
G66, LLC
RB Gemba, LLC
4501 Broadway, LLC
Langford Landing LLC
GEMBA LLC

If you should have any questions or need any additional information, please do not hesitate to contact me.

Thanks in advance for your cooperation and assistance in this matter.

Sincerely,



Randy A. Aube
Controller

RAA/lis

Enclosures