

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90038 007 \*\*\*138.75

60034794



01072008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000074864</b> 1. Entity Name <b>GEMBA LLC</b>					
Principal Place of Business <b>450 E. LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>450 E. LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-5041751</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMERICAN INFORMATION SERVICES, INC. LAS OLAS CENTRE II, SUITE 1600 350 E. LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent  <b>Service U.S.A., Inc 450 E. Las Olas Blvd. Suite 1500 Ft. Lauderdale, FL 33301</b>		
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>Cris V Brandon</i></u> <span style="float: right;">4/16/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HWY SR PERP TRUST MASTER TRI SHARE A 450 E LAS OLAS BLVD #1500 FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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: <u><i>Cris V Brandon</i></u> <span style="float: right;">4/16/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					