


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000086835</b> 1. Entity Name PARK VIEW-RB-GEM, LLC	
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Principal Place of Business 4937 SW 75TH AVENUE BUILDING B UNIT 21 MIAMI, FL 33155	Mailing Address 4937 SW 75TH AVENUE BUILDING B UNIT 21 MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0438799	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JAIME, VIVIAN A 555 NE 15TH STREET STE 100 MIAMI, FL 33132
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**DO NOT WRITE  
IN THIS SPACE**

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)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	000000761309 05/25/07-80050-013 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RB-GEM MANAGEMENT, LLC 4937 SW 75TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVESTORS CAPITAL MORTGAGE GROUP, INC. 1414 NW 107TH AVENUE STE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small> _____	<small>Daytime Phone #</small> _____
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