

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # L05000086835

1. Entity Name
PARK VIEW-RB-GEM, LLC



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**



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0438799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAIME, VIVIAN A
555 NE 15TH STREET STE 100
MIAMI, FL 33132**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RB-GEM MANAGEMENT, LLC
STREET ADDRESS	4937 SW 75TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGR
NAME	INVESTORS CAPITAL MORTGAGE GROUP, INC.
STREET ADDRESS	1414 NW 107TH AVENUE STE 109
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000785021
01/16/08-80079-007 138.75

**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 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 of trust, empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/08