

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086838 1. Entity Name THE LANDINGS-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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01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3405375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAIME, VIVIAN A
555 NE 15TH STREET, SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RB-GEM MANAGEMENT, LLC 4927 SW 75TH AVENUE, BLDG. B UNIT 21 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVESTORS CAPITAL MORTGAGE GROUP, INC 1414 NW 107TH AVENUE, SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000582213
01/11/07-80022-021 50.00

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

Date _____ Daytime Phone # _____