

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90016 049 \*\*\*138.75

**DOCUMENT # L05000086838**

1. Entity Name  
**THE LANDINGS-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**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3405375**

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, 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 \_\_\_\_\_

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	4927 SW 75TH AVENUE, BLDG B UNIT 21
CITY- ST- ZIP	MIAMI, FL 33173
TITLE	MGR
NAME	INVESTORS CAPITAL MORTGAGE GROUP, INC
STREET ADDRESS	1414 NW 107TH AVENUE, SUITE 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	

**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.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #