2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000118083

1. Entity Name
GALLOWOOD RB-GEM-LLC



Feb 18, 2008 08:00 AN Secretary of State

Principal Place of Business

4937 S.W.75 AVE BUILDING B UNIT 21 MIAMI, FL 33155 Mailing Address

4937 S.W.75 AVE BUILDING B UNIT 21 MIAMI, FL 33155



01182008 No Chg-LLC

CR2E083 (12/07)

FILED

4. FEI Number 20-3935876

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ-VALLE, MARIA 10570 N.W. 27TH ST., UNIT 103 MIAMI, FL 33172

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING M

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 . NAME STREET ADDRESS	MGRM RB-GEM MANAGEMENT LLC 4937 S.W.75 AVE BUILDING B UNIT 21		H00000821224
CITY-ST-ZIP	MIAMI, FL 33173	, ,	U00000831234 02/27/08-80010-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		35, 21, 35, 35313, 503, 61,25
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		l DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST-ZIP		IN	THIS SPACE
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NAME STREET ADDRESS			
CITY-ST-ZIP			• •
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NAME	,		
STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
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.			

NAGING-MEMBER, OR AUTHORIZED REPRESENTATIVE