

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 024 ****50.00

DOCUMENT # L06000007515	
1. Entity Name GEMSTONE GROVE, LLC	

Principal Place of Business C/O JACK O. HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950	Mailing Address C/O JACK O. HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950
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2. Principal Place of Business - No P.O. Box # 5377 Duncan Rd	3. Mailing Address PO Box 512116
Suite, Apt. #, etc.	Suite, Apt. #, etc.

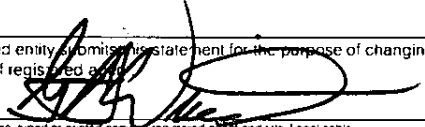
City & State Punta Gorda, FL	City & State Punta Gorda FL
Zip 33982	Country Charlotte
Country 33951	Country



04162007 Chg-LLC CR2E083 (12/06)

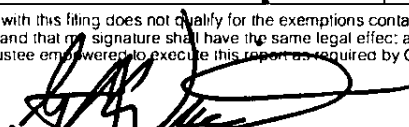
6. Name and Address of Current Registered Agent HACKETT, JACK O II FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent Name: George A. Winslow Street Address (P.O. Box Number is Not Acceptable) 5377 Duncan Rd. City: Punta Gorda FL Zip: 33982
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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: 4-18-07
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: 	DATE: 4-18-07 (941)575-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	