## FILED Jun 05, 2007 8:00 am Secretary of State 05-01-2007 90338 036 \*\*\*\*50.00

5.

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047846  1. Entity Name GEM RESOURCES, LLC							03-01-200	7 90336	5 030 **	30.00
Principal Place			Mailing Address	•						
701 WEST CY Suite 301	PRESS CRE	EK ROAD	701 WEST CYPRESS CREEK ROAD SUITE 301							
FORT LAUDE	RDALE, FL	33309	FORT LAUDERDALE, FL 33309				H 18ÑI 0174 2001 15A) 00A	i anni liitii ia	A EN 1970 AVENU EX	18 <b>6</b> 1 (8 183)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, elc.			04302007	Chg-LLC	CR2E0	083 (12/06)	
City & State			City & State			4. EEI Numb	<b>*777</b> 55	55		oplied For ot Applicable
Zip	Country		Zip Cour		itry	Certificate of Status Desired				
	6. N≥me	and Address of Current	Registered Agent	agistered Agent		7. Name an	d Address of New R	egistered .	Agent	
TOCCI, PE		S CREEK ROAD			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 301 FORT LAUDERDALE, FL 33309			•							<del></del>
FORT DAUDERDALE, FC 33309				City			FL	Zip Cod	9	
			or the purpose of changing its	register	ed office or registe	ered agent, or be	oth, in the State of Flo		·   familiar with,	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or presed name of registered agent and title if applicable. (NOTE: Registered Agent algebrae required when releasable)  DATE										
FI Di	liing Fee i ue by Maj	s \$50.00 y 1, 2007					Florida		ayable to ent of State	
9.	MCDM	MANAGING MEMB		10.			ADDITIONS/			
TITLE NAME	MGRM TOCCI, P	ETER	☐ Delete	t E				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	701 WES	T CYPRESS CREEK F UDERDALE, FL 3330			EET AODRESS 1-ST-ZIP					
TITLE			☐ Delete	Πτ		· · · · ·			Change	Addition
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CITY-ST-ZIP				CITY	-ST-ZP					
TITLE	Ì		Delete	TITL NAM	- 1				Change	☐ Addition
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CITY-ST-ZIP	<del></del>		☐ Delette	tar	-ST-ZIP			· <del></del> -	Change	☐ Addition
NAME	}		Lr veigns	NAM	· ·					LI AUGINIA
STREET ACCRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP					
TITLE			Delete	TITL					Change	☐ Addition
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CITY-ST-ZIP	<u> </u>	<u></u>		CITY	/-ST-ZIP	<del></del>				
TITLE	ļ		Delete	TITL	i i				☐ Change	Addition
STREET ADDRESS	)			\$TR	EET ADDRESS					
City-St-ZIP	Cortify that th	e information eventied wa	h this filing does not qualify to		r-ST-ZIP	in Charter 119	Florida Statutes 14	ther certif	that the lote	rmetion
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 it 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.										
CICNAT		Total	Je Le		Deler To	$\alpha'$	1/30/07	フ	11-677	<b>&gt;</b>
SIGNATURE:  SIGNATURE AND TYPED OR PROVIDED MAKE OF BUDGING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Department of the control o										