

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062501

FILED
Jan 14, 2009
Secretary of State

Entity Name: GEM PROPERTY MANAGEMENT "L.L.C."

Current Principal Place of Business:

5074 NAUTICA LAKE CIR
GREENACRES, FL 334635946

New Principal Place of Business:

5074 NAUTICA LAKE CIR
GREENACRES, FL 33463 US

Current Mailing Address:

5074 NAUTICA LAKE CIR
GREENACRES, FL 334635946

New Mailing Address:

5074 NAUTICA LAKE CIR
GREENACRES, FL 33463 US

FEI Number: 68-0631628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIT, IVAN
5082 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCCHERE, ROBERT A
Address: 5074 NAUTICA LAKE CIR
City-St-Zip: GREENACRES, FL 334635946

Title: MGR () Delete
Name: BUCCHERE, CAMILLE M
Address: 5074 NAUTICA LAKE CIR
City-St-Zip: GREENACRES, FL 334635946

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUCCHERE, ROBERT A
Address: 5074 NAUTICA LAKE CIR
City-St-Zip: GREENACRES, FL 33463 US

Title: MGR (X) Change () Addition
Name: BUCCHERE, CAMILLE M
Address: 5074 NAUTICA LAKE CIR
City-St-Zip: GREENACRES, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT BUCCHERE

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date