


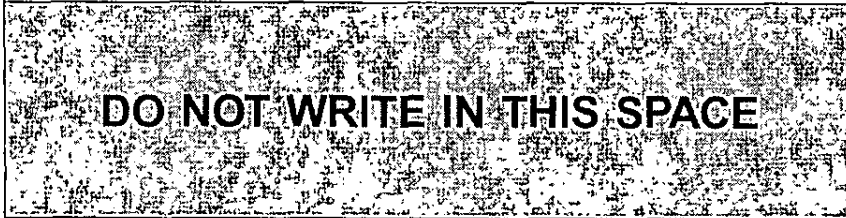
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # L06000063416
 1. Entity Name
 GEMAIR, LLC



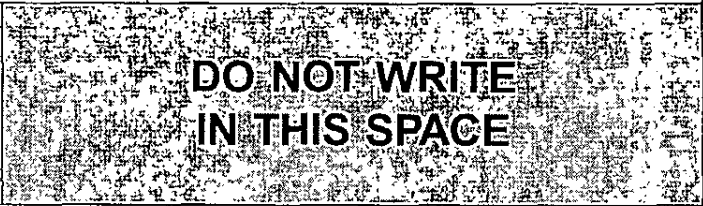
Principal Place of Business Mailing Address
 11 CROSSLINK COURT 11 CROSSLINK COURT
 PALM COAST, FL 32137 PALM COAST, FL 32137



02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0488896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEGRAEVE, PATRICK
 11 CROSSLINK COURT
 PALM COAST, FL 32137



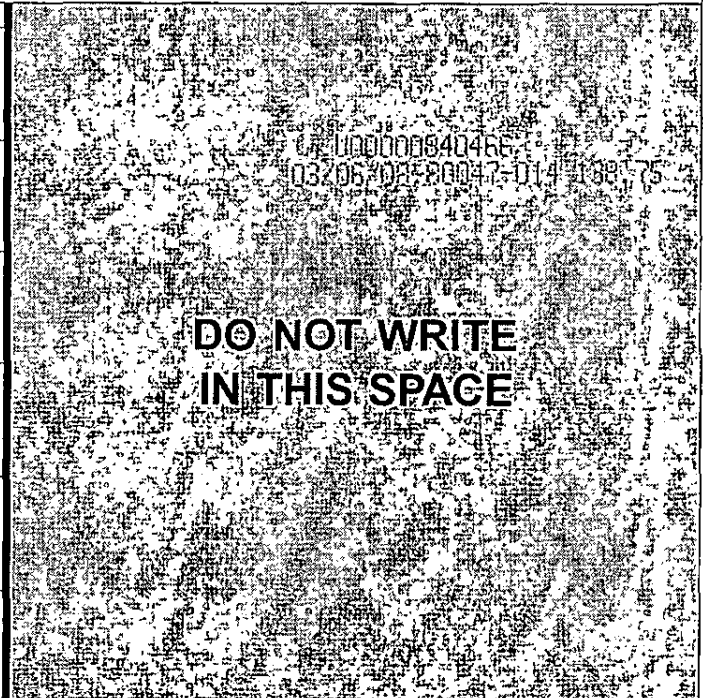
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

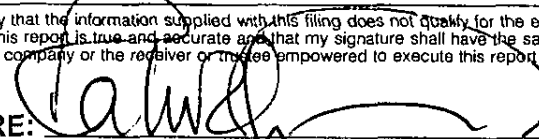
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEGRAEVE, PATRICK
STREET ADDRESS	11 CROSSLINK COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	DEGRAEVE, MARIE F
STREET ADDRESS	11 CROSSLINK COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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.

SIGNATURE:  2/26/08 385-445-8254
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #