


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90074 005 ***138.75

DOCUMENT # L07000015036	
1. Entity Name GEM CAPITAL LLC	

Principal Place of Business 8333 W. MEINECKE AVENUE WAUWATOSA, WI 53213	Mailing Address 8333 W. MEINECKE AVENUE WAUWATOSA, WI 53213
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60041346

2. Principal Place of Business - No P.O. Box # 15251 Amberly Drive	3. Mailing Address 15251 Amberly Drive
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Tampa, FL	City & State Tampa, FL
Zip 33647	Country USA



04032008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 32301-2960	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUNZEN, ERNEST.S 8333 W. MEINECKE AVENUE WAUWATOSA, WI 53213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Munzen, Ernest S. 15251 Amberly Dr., 2nd Floor Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUNZEN, GAIL A 8333 W. MEINECKE AVENUE WAUWATOSA, WI 53213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Munzen, Gail A. 15251 Amberly Dr., 2nd Floor Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/23/08** **813-777-4494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #