2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L07000019982 1. Entity Name GEM CAPITAL/AMBERLY LLC										90074 (006 ***1	38.75
Principal Place of Business Mailing Address 1424 COURT STREET, 2ND FLOOR CLEARWATER, FL 33756 CLEARWATER, FL 33756					OR		I HABITATI		6111 6611) ===			48 1 114 1 83 1
	Place of Business - No Amberly Dri		3. Mailing Address 15251 Amberly	Dris	7 -							
Suite, Apt. #, etc. 2nd Floor			Suite, Apt. #, etc. 2nd Floor				04032008	Chg-LLC	;	CR2E08	33 (12/06)	
City & State	e		_ City & State				4. FEI Numb	per 22-3	954	473	 - - 	oplied For
Tampa,	Countr	у	Tampa, FL	Count	ry			of Status Des			5.00 Add	ot Applicable ditional
33647	6 Name and Add	USA	33647	US	A						ee Require	d
	6. Name and Add	ress of Current	Registered Agent		Name		7. Name an	d Address of I	New Reg	stered A	gent	
SPIEGEL 8	& UTRERA, P.A.				Street A	ddress (P	O Box Numb	per is Not Acce	ntable)			
4TH FLOO)R		to pro-				.0. 204 110					
MIAMI, FL	33145		Topics (*)									
_					City					FL	Zip Cod	е
8. The above the obligat	named entity submits tions of registered ager	this statement to	r the purpose of changing its	registere	d office o	r registere	d agent, or b	oth, in the State	of Florid	a. Iam f	amiliar with,	and accept
SIGNATURE .	7 is		₹**									
			•									
SIGNATURE .	Signature, typed or printed nar	me of registered agent i	and title if applicable. (NOTE	: Registered	Agent signat	ure required v	/hen reinstating)			DATE		
FILE	Signature, typed or printed nate NOWIII FEE IS y 1, 2008 Fee will	\$138.75	3	: Registered	Agent signat	ura required v	rhen reinstating)		Make c	heck pa	ayable to	•
FILE	NOWIII FEE IS y 1, 2008 Fee wil	\$138.75 I be \$538.75	3	Registered	Agent signat		rhen reinstatin g }		Make c	heck pa	yable to	•
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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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/08 813-777-4494

Daytime Phone #