

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098163

FILED
Apr 30, 2008
Secretary of State

Entity Name: GEMINI COMMERCIAL FUNDING LLC

Current Principal Place of Business:

611 PONTE VEDRA LAKES BLVD., APT. 3701
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

611 PONTE VEDRA LAKES BLVD., APT. 3701
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 22-3969388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VISWANATHAN, SUBRAMANIAN
611 PONTE VEDRA LAKES BLVD
APT 3701
PONTE VEDRA BEACH, FL 32082 US

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: VISWANATHAN SUBRAMANIAN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUBRAMANIAN, VISWANATHAN
Address: 611 PONTE VEDRA LAKES BLVD., APT. 3701
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Delete
Name: SUBRAMANIAN, VISWANATHAN
Address: 611 PONTE VEDRA LAKES BLVD., APT. 3701
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VISWANATHAN SUBRAMANIAN

MGR

04/30/2008

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