M05000004038

	(Reques	tor's Name)	. <u></u>	
	V	,		
	(Address	5)		
(Address)				
(City/State/Zip/Phone #)				
Pick-ui	P [WAIT	MAIL	
		_	_	
(Business Entity Name)				
(Document Number)				
Certified Copies		Certificate	s of Status	
				

Special instructions to Filing Officer:

L. SELLERS

JUN 15 2009
EXAMINER

Office Use Only



100157051541

06/12/09--01054--001 **2600.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

HIIIHY ZI NOF

COVER LETTER

Division of Corporations				
SUBJECT: Gemini Tamiami 13, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
, c	Ğ			
Nicola Damall				
Nicole Parnell Name of Person				
Marie of Letson				
Charles Baclet and Associates, Inc.				
Firm/Company				
2875 Michelle Drive, Suite 100				
Address				
Irvine, CA 92606				
City/State and Zip Code				
nparneli@cbaclet.com E-mail address: (to be used for future annual report notification)				
E-mail address; (to be used for future annual report notification)				
For further information concerning this matter, plea	ase call:			
Nicole Parnell at (949) 955-9585			
Name of Person	949) 955-9585 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Gemini Tamiami	13, LLC			
2. (a) Principal office address of limited liability company	16740 Birkdale Commons Parkway			
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
7/21/2005	M05000004028			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Dante A. Massaro			
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080			
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:			
NEW Registered Agent:	NRAI Services, Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4			
(MOST DE L'EURIDA STREET ADDRESS)	Weston ,FL33331			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member	SECRA			
Jose Castellanos, Authorized Person				
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the process of the statutes relative to the process of	gree to act in this capacity. If urther gree to per and complete performance of my futies sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing if this change.			