

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004032

Entity Name: GEMINI TAMIAMI 16, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

16740 BIRKDALE COMMONS PARKWAY, #301
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16740 BIRKDALE COMMONS PARKWAY, #301
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEIM, CHARLES TRUSTEE
Address: 8449 TERRACE DRIVE
City-St-Zip: EL CERRITO, CA 94530

Title: MGRM () Delete
Name: SEIM, JANET TRUSTEE
Address: 8449 TERRACE DRIVE
City-St-Zip: EL CERRITO, CA 94530

Title: MGR () Delete
Name: GEMINI MANAGEMENT CO, MPANY, LLC
Address: 16740 BIRKDALE COMMONS PKWY, #301
City-St-Zip: HUNTERSVILLE, NC 28078

ADDITIONS/CHANGES:

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

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: DANTE A MASSARO

MGR

04/26/2007

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