

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006374

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: GEMINI BOYNTON BEACH 1, LLC

## Current Principal Place of Business:

16740 BIRKDALE COMMONS PARKWAY, SUITE 301  
HUNTERSVILLE, NC 28078

## New Principal Place of Business:

## Current Mailing Address:

16740 BIRKDALE COMMONS PARKWAY, SUITE 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:

MASSARO, DANTE A  
32 HANNAH COLE DRIVE  
ST. AUGUSTINE, FL 32080 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: DANTE A. MASSARO

02/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PLATT, MARGUERITE B  
Address: 340 EAST 72ND STREET  
City-St-Zip: NEW YORK, NY 10021

Title: MGRM ( ) Delete  
Name: GEMINI MANAGEMENT CO, MPANY, LLC  
Address: 16740 BIRKDALE COMMONS PARKWAY, SUITE 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:

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: ALISA H. EVANS

FILE

02/29/2008

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