

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000006

FILED
Jul 10, 2006
Secretary of State

Entity Name: GEMINI BOYNTON BEACH 14, 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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOWARD, C.J. & TRACZ, , R.F., JOINT T ENANTS
Address: 38320 MARACAIBO CIRCLE WEST
City-St-Zip: PALM SPRINGS, CA 92264

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: GEMINI MANAGEMENT CO, MPANY, LLC
Address: 16740 BIRKDALE COMMONS PARKWAY, SUITE 301
City-St-Zip: HUNTERSVILLE, NC 28078

I hereby certify that the information supplied with this filing does not qualify for the 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

PRES

07/10/2006

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