

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002153

FILED  
May 12, 2009  
Secretary of State

Entity Name: GEMINI ORLANDO INN 13, 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:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CHI, ERNESTO  
Address: 3803 KERI WAY  
City-St-Zip: FALLBROOK, CA 92028

Title: MGRM ( ) Delete  
Name: GEMINI PROPERTY MANAGEMENT, LLC  
Address: 16740 BIRKDALE COMMONS PKWY, STE 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: DANTE A. MASSARO

MGR

05/12/2009

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