


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90432 015 \*\*\*\*55.00

<b>DOCUMENT # M06000002208</b>	
1. Entity Name <b>GEMINI HOSPITALITY MANAGEMENT, L.L.C.</b>	

Principal Place of Business <b>158 SEVENTH AVENUE SOUTH NEW YORK, NY 10014</b>	Mailing Address <b>158 SEVENTH AVENUE SOUTH NEW YORK, NY 10014</b>
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2. Principal Place of Business - No P.O. Box # <b>7 West 36th Street</b>	3. Mailing Address <b>7 West 36th Street</b>
Suite, Apt. #, etc. <b>11th Floor</b>	Suite, Apt. #, etc. <b>11th Floor</b>
City & State <b>New York NY</b>	City & State <b>New York NY</b>
Zip <b>10018</b>	Zip <b>10018</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>



03282007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>JARIWALA, ATIT M 626 LEE ROAD ORLANDO, FL 32810</b>	
7. Name and Address of New Registered Agent Name <b>Jariwala, Ritesh</b> Street Address (P.O. Box Number is Not Acceptable) <b>626 Lee Road</b> City <b>Orlando</b> FL Zip Code <b>32810</b>	

4. FEI Number <b>20-3124350</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARIWALA, ATIT M 158 SEVENTH AVENUE SOUTH NEW YORK, NY 10014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jariwala, Ritesh 7 West 36th Street 11th Floor New York NY 10018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #