

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006540

FILED
May 13, 2009
Secretary of State

Entity Name: GEMINI TOWN CENTER 16, LLC

Current Principal Place of Business:

C/O GEMINI REAL ESTATE ADVISORS, LLC
175 FIFTH AVENUE, SUITE 715
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

C/O GEMINI REAL ESTATE ADVISORS, LLC
175 FIFTH AVENUE, SUITE 715
NEW YORK, NY 10010

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: GEMINI TOWN CENTER, LLC
Address: 175 FIFTH AVENUE, SUITE 715
City-St-Zip: NEW YORK, NY 10010

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: O'HANKS LIVING TRUST
Address: 16740 BIRKDALE COMMONS PKY, STE 301
City-St-Zip: HUNTERSVILLE, NC 28078

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

05/13/2009

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