(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

G. MCLEOD

JUN 15 2009

EXAMINER



500157053335

06/12/09--01054--001 **2600.00

COVER LETTER

Division of Corporations		
SUBJECT: Gemini Town Cente		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/I	Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
Nicola De	all	
Nicole Pa		
Charles Baclet and A	Associates Inc	
Firm/Compar		
2875 Michelle Driv	ve Suite 100	
Address	TO, GUILO 100	
Irvine, CA	92606	
City/State and Zip Code		
nparnell@cbaclet.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future	annual report notification)	
For further information concerni	ng this matter, please call:	
Nicole Parnell	at (<u>949</u>) <u>955-9585</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADI	DRESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circ Tallahassee, Florida 32301	cle Tallahassee, Florida 32314	
Enclosed is a check for	the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
(A lare innig i co	μυσ rining rec & Certifica Copy	

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Gemini Town Ce	inter 16, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Suite 301
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Huntersville, NC 28078
11/28/2006 3. Date of filing/registration in Florida	M06000006540
	4. Document number
5. (a) Registered Agent and Registered Office shown on the	•
Registered Agent:	Dante A. Massaro
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080
(b) Enter name of NEW Registered Agent and/or NEY	W Registered Office address:
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4
MOST BE TECHTOTISTICE TREBUISS	Weston ,FL33331
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or notherized representative of a member Jose Castellanos, Authorized Person	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signee	- -
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I-hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office
Signature of Registered Agent Louie Tamantini, Vice President	y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00