


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90016 024 \*\*\*138.75

<b>DOCUMENT # M07000004233</b> 1. Entity Name <b>GAIL'S GEMS, LLC</b>					
Principal Place of Business <b>583 CAMBRIDGE WAY BLOOMFIELD HILLS, MI 48304</b>			Mailing Address <b>583 CAMBRIDGE WAY BLOOMFIELD HILLS, MI 48304</b>		
2. Principal Place of Business - No P.O. Box # <b>515 Via Veneto</b>		3. Mailing Address <b>515 Via Veneto</b>			
Suite, Apt. #, etc. <b>Unit 102</b>		Suite, Apt. #, etc. <b>Unit 102</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>			
Zip <b>34108</b>	Country <b>USA</b>	Zip <b>34108</b>	Country <b>USA</b>	4. FEI Number <b>38-3619983</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THOMPSON, GAIL 515 VIA VENETO, UNIT 102 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 <u><i>Gail Thompson</i></u> <u><i>GAIL THOMPSON</i></u> <u><i>07/21/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR THOMPSON, GAIL 515 VIA VENETO, UNIT 102 NAPLES, FL 34108</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Gail Thompson</i></u> <u><i>GAIL THOMPSON</i></u> <u><i>07/21/08</i></u> <u><i>(239) 431-5560</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**60045957**



06272008 Chg-LLC CR2E083 (12/06)