

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90372 007 ****50.00

DOCUMENT # M99000000048

1. Entity Name
GEMINI VL, L.L.C.

Principal Place of Business

**2835 BERRY LANE
 GOLDEN CO 80401**

Mailing Address

**2835 BERRY LANE
 GOLDEN CO 80401**

970383

2. Principal Place of Business

5713 Secrest Ct.

Suite, Apt. #, etc.

3. Mailing Address

5713 Secrest Ct.

Suite, Apt. #, etc.

City & State

Golden, CO

City & State

Golden, CO

Zip

80403

Country

USA

Zip

80403

Country

USA

4. FEI Number **84-1070581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, GARY
 1263 GOLDEN LAKE DRIVE
 FORT MYERS FL 33905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 JONES, RONALD STEPHEN
 2835 BERRY LANE
 GOLDEN CO 80401** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 JONES, RONALD SCOTT
 8772 WEST 26TH AVENUE
 LAKEWOOD CO 80215** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 Jones, Ronald Scott
 5713 Secrest Ct
 Golden CO 80403** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/02 (303)279-2222

Date

Daytime Phone #

CR2E083 (4/02)