2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N06000010229

Entity Name: GEMINI PARKING DECK NORTH, INC.

Current Principal Place of Business:

2020 W. PENSACOLA STREET
#27
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2020 W. PENSACOLA STREET
#27
TALLAHASSEE, FL 32304

New Mailing Address:

P.O. BOX 2535
TALLAHASSEE, FL 32316

FEI Number: 20-8690746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHS MANAGEMENT, LLC.
2020 W. PENSACOLA STREET
#27
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEPPER, JEFFREY W
Address: 310 W. JEFFERSON ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: LEONI, STEVEN
Address: 416 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD (X) Delete
Name: SAULS, JAMES S
Address: 2020 W. PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEONI, STEVEN
Address: 416 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD (X) Change ( ) Addition
Name: SAULS, JAMES
Address: 2020 W. PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SAULS STD 03/20/2008

Electronic Signature of Signing Officer or Director — Date