2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# M06000000126

Entity Name: GEMINI BOYNTON BEACH 16, LLC

Current Principal Place of Business:

16740 BIRKDALE COMMONS PARKWAY, SUITE 301
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16740 BIRKDALE COMMONS PARKWAY, SUITE 301
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: DANTE A. MASSARO 02/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: 23 - 25 NORTH BEACON, STREET, LLC
Address: 100 STATE STREET, SUITE 10
City-St-Zip: BOSTON, MA 02109

Title: MGR ( ) Delete
Name: GEMINI MANAGEMENT CO, MPANY, LLC
Address: 16740 BIRKDALE COMMONS PKWY, STE 301
City-St-Zip: HUNTERSVILLE, NC 28078

ADDITIONS/CHANGES:

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

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 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: ALISA H. EVANS FILE 02/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date