


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009742**

1. Entity Name  
**GENESIS C E & I SERVICES, LLC**



Principal Place of Business <b>3910 US HIGHWAY 301 N., SUITE 140          TAMPA, FL 33619</b>	Mailing Address <b>3910 US HIGHWAY 301 N., SUITE 140          TAMPA, FL 33619</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01032007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3669274</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO  
 300 S. ORANGE AVE.  
 STE. 1000 (JGH)  
 ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

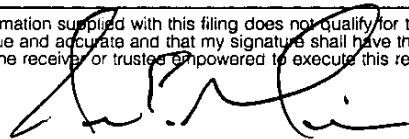
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRINER, BRUCE E 3910 US HIGHWAY 301 NORTH, SUITE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLEWELLYN, MARK T 3910 US HIGHWAY 301 NORTH, SUITE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HARVEY, TONY L 3910 US HIGHWAY 301 NORTH, SUITE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583031  
 01/11/07-80052-017 55.00

**DO NOT WRITE IN THIS SPACE**

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:**  **Bruce E. Marriner / 3/07**      813-620-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #