2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State
DOCUI 1. Entity Nam GENESIS		41		Secretary of State
Principal Place 24 N. SWINTO DELRAY BEAG		Meiling Address 24 N. SWINTON AVE. DELRAY BEACH, FL 33444		
DO NOT WRITE IN THIS SPACE			С	04192004 No Chg-LLC
6. Name and Address of Current Registered Agent WITECHA, KIRK JOSEPH 24 N. SWINTON AVE. DELRAY BEACH, FL 33444				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 Signature. Typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2004				
9. TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM WITECHA, KIRK JOSEPH 24 N. SWINTON AVE. DELRAY BEACH, FL 33444	S/MANAGERS		# 60000143933 64-30004-30053-038-507.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				

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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| The same is a 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE