

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057890

FILED
May 02, 2006
Secretary of State

Entity Name: LODGE GEN, LLC.

Current Principal Place of Business:

450 N. PARK ROAD
SUITE 502
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

450 N. PARK ROAD
SUITE 502
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOBSON, BRIGETTE
450 N. PARK ROAD
SUITE 502
HOLLYWOOD, FL 33021 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: JOBSON, BRIGETTE
Address: 450 N. PARK ROAD, #502
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGRM () Delete
Name: JOBSON, ARISTOTLE
Address: 450 N. PARK ROAD, #502
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGRM () Delete
Name: JOBSON, DELORIS
Address: 450 N. PARK ROAD, #502
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGRM () Delete
Name: JOBSON, ANASTASIA
Address: 450 N. PARK ROAD, #502
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGRM (X) Delete
Name: JOBSON, MICHELLE
Address: 450 N. PARK ROAD, #502
City-St-Zip: HOLLYWOOD, FL 33021

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIGETTE JOBSON

MGRM

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date