


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90044 008 \*\*\*\*50.00

<b>DOCUMENT # L05000060845</b>	
1. Entity Name GENESIS AZURE LLC	

Principal Place of Business 565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	Mailing Address 565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN W ESQ.  
C/O FRANK, WEINBERG, & BLACK, P.L.  
7805 SW 6TH COURT  
PLANTATION, FL 33324

**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 MASI, EDWARD 565 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441
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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: Edward Masi      EDWARD MASI      04-26-07 954-421-4200

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

4000013



04262007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 56-2519810	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required