
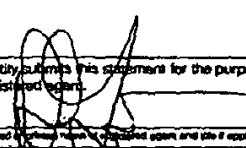
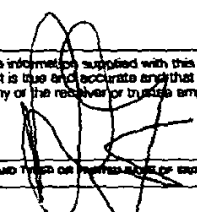


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-05-2007 90028 042 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | |
|--|---|--|---|
| DOCUMENT # L06000015763 | |  | |
| 1. Entity Name GENET DEVELOPMENT GROUP, LLC | | | |
| Principal Place of Business 19080 NE 29TH AVE AVENTURA, FL 33180 US | | Mailing Address 19080 NE 29TH AVE AVENTURA, FL 33180 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent HOFFMAN LEVY BENGIO & GERBER PL 2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33180 | | 7. Name and Address of New Registered Agent Name: David G. Genet Street Address (P.O. Box Number is Not Acceptable): 19080 NE 29th Ave. City: Aventura FL Zip Code: 33180 | |
| 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:  | | DATE: _____ | |
| Filing Fee is \$90.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MIDLIFE REAL ESTATE, INC 19080 NE 29TH AVE AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GENET PROPERTY GROUP, INC 3870 NORTH 40TH AVE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date: 4/2/07 305-933-8700 | |
| SIGNATURE AND TITLE OF OFFICER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MANAGING PARTNER GENET DEVELOPMENT GROUP LLC | | Date: _____ | |

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4. FEI Number 20-4304856 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required