

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055210

Entity Name: GENUX GROUP LLC

FILED
May 04, 2008
Secretary of State

Current Principal Place of Business:

ATTN: ROBERT B. MACAULAY
2525 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERT B. MACAULAY
2525 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0319038 FEI Number Applied For () FEI Number Not Applicable () 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:

MACAULAY, ROBERT B
ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134 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:

Title: MGRM () Delete
Name: SOUESI, YASSER P
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ABEIGA-SOUESI, GRACE
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: YASSER SOUESI

MRGM

05/04/2008

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