

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90130 045 \*\*\*\*50.00

DOCUMENT # L96000000333

1. Entity Name



29000733

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1845 S. Federal Highway

3. Mailing Address  
1845 S. Federal Highway

Suite, Apt. #, etc.  
354

Suite, Apt. #, etc.  
354

DO NOT WRITE IN THIS SPACE

City & State  
Delray Beach, FL

City & State  
Delray Beach, FL

4. FEI Number 65-0652428

Applied For  
Not Applicable

Zip  
33483

Country  
USA

Zip  
33483

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Thierry Genoyer**

Street Address (P.O. Box Number is Not Acceptable)

740 AZALEA ST

City **BOCA RATON**

**FL** Zip Code **33486**

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 if applicable.

DATE \_\_\_\_\_

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGRM	GENOYER, THIERRY	740 AZALEA ST.	BOCA RATON FL 33486				
MGRM	GENOYER, JEAN-MARC	107 AV. DE LA FLORIDE	BRUSSELS-BELGIUM				
				<b>DO NOT WRITE IN THIS SPACE</b>			

CR2E083B (12/02)

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

SIGNATURE: Thierry Genoyer, **THIERRY GENOYER** / 6/04 561 276 7156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #