

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 020 ****50.00

DOCUMENT # M01000000588

1. Entity Name
GENIE PORTFOLIO MANAGEMENT, LLC



Principal Place of Business
**18340 N.E. 76TH STREET
REDMOND, WA 98052**

Mailing Address
**500 POST RD EAST
SUITE 320
WESTPORT, CT 06880**

40000407



DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
91-2092048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GENIE FINAN. SERV. (ERIC I. COHEN:VP/S)
STREET ADDRESS	500 POST RD EAST SUITE 320
CITY - ST - ZIP	REDMOND, WA 98052
TITLE	MGRM
NAME	GE CAPITAL BUSINESS ASSET FUNDING CORP.
STREET ADDRESS	10900 NE 4TH ST
CITY - ST - ZIP	BELLEVUE, WA 98004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/05

203-222-7170