


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089759 1. Entity Name THE GENESIS GROUP 2000 LLC					
Principal Place of Business 1513 S. MAGNOLIA DR. TALLAHASSEE FL 32301			Mailing Address 1513 S. MAGNOLIA DR. TALLAHASSEE FL 32301		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 03-0545070	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHMORE, JAMES 109 S. MAIN STREET HAVANA FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MUTH, PATRICIA 1513 S. MAGNOLIA DR. TALLAHASSEE FL 32301	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642037 03/01/07-80026-004 55.00 </div> </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM EDWARDS, JANIS 1513 S. MAGNOLIA DR. TALLAHASSEE FL 32301	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: center;">- - -</div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date _____ Daytime Phone _____