

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90005 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

**18340 N.E. 76TH STREET
REDMOND WA 98052**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

500 Post Rd East

Suite 320

Westport CT

06880

US



☒ CHECK HERE IF MAKING CHANGES

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

**CSC
1201 Hays Street
Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

**CSC
1201 Hays Street
Tallahassee, FL 32301**

Zip Code

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

on file already

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MGRM
GENIE FIN. SRVS., INC/ GEOFF GRUKOGER, CPA
18340 N.E. 76TH STREET
REDMOND WA 98052**

☐ Delete

10. ADDITIONS/CHANGES

**AGRM
gale Financial Svs, Inc
500 Post Rd East, Suite 320
Westport CT 06880**

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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:

Eric I Cohen

Eric I Cohen

2/27/03

(203) 222-5907

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

Date

Daytime Phone

CR2E083 (10/02)