

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003211

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC2199083402**

**Entity Name:** GENESIS INVESTMENT ADVISORS LLC

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 1550  
CORAL GABLES, FL 33134

**Current Mailing Address:**

275 MADISON AVENUE  
3800  
NEW YORK, NY 10016 US

**FEI Number:** 20-2507675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name RGP2 LLC  
Address 275 MADISON AVENUE, SUITE 3800  
City-State-Zip: NEW YORK NY 10016

Title MGR  
Name REGO, RODRIGO CMGR  
Address 355 ALHAMBRA CIRCLE, SUITE 1550  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name GADEN, YVES GCEO  
Address 275 MADISON AVENUE, SUITE 3800  
City-State-Zip: NEW YORK NY 10016

Title MGR  
Name PINTO, GUSTAVO MGR  
Address 355 ALHAMBRA CIRCLE, SUITE 1550  
City-State-Zip: CORAL GABLES FL 33134

Title MRG  
Name PENIDO, JOAO MGR  
Address 275 MADISON AVENUE, SUITE 3800  
City-State-Zip: NEW YORK NY 10016

Title VP  
Name AVIZZANO, JOSE VP  
Address 355 ALHAMBRA CIRCLE, SUITE 1550  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YVES GADEN

CEO

01/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date