

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

\$500.00

**DOCUMENT # A29708**

1. Entity Name  
**GEN I LIMITED PARTNERSHIP**



Principal Place of Business  
**758 GLENGARRY DRIVE  
 MELBOURNE, FL 32940**

Mailing Address  
**P.O. BOX 410009  
 MELBOURNE, FL 32941**

**FILED**

**07 MAR -9 PM 2:08**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-2995684**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

~~JAMES J. FLICK~~  
~~940 HIGHLAND AVENUE~~  
~~ORLANDO, FL 32803~~

**NASH, CHARLES IAN ESQ.  
 NASH, MOULE & KROMASH LLP  
 440 SOUTH BABCOCK STREET  
 MELBOURNE, FL 32901**

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

**FL** 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 *(Charles Ian Nash)*  
 Signature, typed or printed name of registered agent and title if applicable

**3/5/07**  
 DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**000093244760**  
**03/16/07--01004--014 \*\*\$700.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GENONI, JOHN P. JR.	CITY-ST-ZIP	
CITY-ST-ZIP	758 GLENGARRY DRIVE MELBOURNE, FL 32940		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/22/07** **321-255-7601**  
 Date Daytime Phone #

STAPLE CHECK HERE