2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96-1289

1. Entity Name
GENESI Family Partnership, LTD

FILED
01 MAY -2 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5212 62nd Ave South St Petersburg, FL 33715	5212 62nd Ave South St Petersburg, FL 33715

2. Principal Place of Business	3. Mailing Address
4635 Dolphin Cay Lane	4635 Dolphin Cay Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: St Petersburg, FL
Zip: 33715 Country: USA	Zip: 33715 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3389725 ☐ 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
GENESI Family Corp 5212 62nd Ave South St. Petersburg, FL 33715	Name: GENESI Family Corp Street Address (P.O. Box Number is Not Acceptable): 4635 Dolphin Cay Lane City: St Petersburg FL Zip Code: 33715

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,905,976

MAKE CHECK PAYABLE TO DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P96000057064	STREET ADDRESS	4635 Dolphin Cay Lane
NAME	Genesi Family Corp	CITY-ST-ZIP	St Petersburg, FL 33715
STREET ADDRESS	5212 62nd Ave South		
CITY-ST-ZIP	St Petersburg, FL 33715		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500004303245--2 05/24/01--01008--001 ****535.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500004303245--2 05/24/01--01008--001 ****535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 4/30/01 805-553-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #