


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90029 020 \*\*\*\*50.00

<b>DOCUMENT # L00000007830</b> 1. Entity Name <b>GENESIS DEVELOPMENT GROUP LLC</b>					
Principal Place of Business <b>565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441</b>			Mailing Address <b>565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1020782</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03242005    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>MASI, BETTY 565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent Name <b>J. CROCKETT FARNELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>565 E. HILLSBORO BLVD</b> City <b>DEERFIELD BEACH</b> FL    Zip Code <b>33441</b>		
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 <u><i>J. Crockett Farnell</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MASI, EDWARD</b> <b>565 E. HILLSBORO BLVD.</b> <b>DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Edward Masi</u>    EDWARD MASI    04-25-05    954-421-4200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					