

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90044 006 ****50.00

DOCUMENT # L00000007830

1. Entity Name
GENESIS DEVELOPMENT GROUP LLC



Principal Place of Business
**565 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**

Mailing Address
**565 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1020782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FARNELL, J. CROCKETT
565 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name **EDWARD MASI**

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

565 E. HILLSBORO BLVD

City **DEERFIELD BEACH**

FL Zip Code **33441**

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 **Edward Masi**

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

(NOTE: Registered Agent signature required when reinstating)

04-27-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **MASI, EDWARD**
STREET ADDRESS **565 E. HILLSBORO BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. 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 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: **Edward Masi** **EDWARD MASI**

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

04-27-07 954-421-4200

Date Daytime Phone #