FILED
Apr 29, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010073

1. Entity Name
GENESIS INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1460 W. FAIRBANKS AVE. WINTER PARK, FL 32789	1460 W. FAIRBANKS AVE. WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
41-0491837

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DR. SUNIL KAPOOR
1460 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2005

000000344141
04/29/05-80124-018 55.00

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KAPOOR, SUNIL
STREET ADDRESS	1460 W. FAIRBANKS AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: S Kapoor 4/25/5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #