



**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

**Abstract**

<b>DOCUMENT # L01000005167</b>				<b>Secretary of State</b>	
1. Entity Name <b>GENESIS CONCEPTS, LLC</b>		03-24-2004 90300 027 ****50.00			
Principal Place of Business <b>225 S. SWOOPE AVE. SUITE 100 MAITLAND, FL 32751</b>		Mailing Address <b>225 S. SWOOPE AVE. SUITE 100 MAITLAND, FL 32751</b>			
2. Principal Place of Business <b>465 Maitland Ave.</b>		3. Mailing Address <b>465 Maitland Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192004 Chg-LLC CR2E083 (10/03)	
City & State <b>Altamonte Springs, FL</b>		City & State <b>Altamonte Springs, FL</b>		4. FEI Number <b>33-0993847</b>	
Zip <b>32701</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VALDES MARTIN, MIRTHA CPA 1321 ARBOR VISTA LOOP #125 LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P ROUDE, GUILLERMO 225 SOUTH SWOOPE AVE., #100 MAITLAND, FL 32751			P Roude, Guillermo 465 Maitland Ave. Altamonte Springs, FL 32701		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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"/> Delete			<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"/> Delete			<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"/> Delete			<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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					