


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90019 012 \*\*\*\*50.00

<b>DOCUMENT # L01000005167</b>					
<b>1. Entity Name</b> GENESIS CONCEPTS, LLC					
<b>Principal Place of Business</b> 465 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			<b>Mailing Address</b> 465 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>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</b> Name Street Address (P.O. Box Number is Not Acceptable) 420 South Country Club Road City Lake Mary FL Zip Code 32746		
<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.</b> SIGNATURE <i>Mirtha Valdez Martin CPA</i> DATE <i>4/13/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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	P ROUDE, GUILLERMO 465 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
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<b>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>					
<b>SIGNATURE: X</b> <i>[Signature]</i> <b>4/13/05</b> <b>407-539-1957</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

