

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005188

FILED
Apr 30, 2004
Secretary of State

Entity Name: GENESIS DESIGN, ARCHITECTURE & PLANNING, LLC

Current Principal Place of Business:

101 RIVERFRONT BLVD.
SUITE 610
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

101 RIVERFRONT BLVD.
SUITE 610
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 65-1097447 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEDFORD, RICHARD
101 RIVERFRONT BLVD.
SUITE 610
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: BEDFORD, RICHARD
Address: 101 RIVERFRONT BLVD., STE 610
City-St-Zip: BRADENTON, FL 34205

Title: V () Delete
Name: FERNANDEZ, MICHAEL
Address: 101 RIVERFRONT BLVD., STE 610
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEDFORD, RICHARD
Address: 101 RIVERFRONT BLVD., STE 610
City-St-Zip: BRADENTON, FL 34205

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, MICHAEL
Address: 101 RIVERFRONT BLVD., STE 610
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL FERNANDEZ MGRM 04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date