


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90116 046 ****50.00

DOCUMENT # L01000005188	
1. Entity Name GENESIS DESIGN, ARCHITECTURE & PLANNING, LLC	

Principal Place of Business 101 RIVERFRONT BLVD. SUITE 610 BRADENTON, FL 34205	Mailing Address 101 RIVERFRONT BLVD. SUITE 610 BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



04182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1097447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEDFORD, RICHARD 101 RIVERFRONT BLVD., STE 610 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MICHAEL 101 RIVERFRONT BLVD., STE 610 BRADENTON, FL 34205
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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: *Michael Fernandez* **MICHAEL FERNANDEZ** 4-28-05 9417044273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #