2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jul 14, 2003 8:00 am Secretary of State

4/23

04-23-2003 90129 046 ****55.00

DOCUMENT # 1.01000009349

1. Entity Nam GENESIS				ITERPRISES, L.L.(c. /							
Principal Place of Business 1225 S.W. 87TH AVE.				Mailing Address P.O. BOX 820237			55051054					
MIAMI FL 3317	· 			PEMBROKE PINES FL 33	082 	·	 					
2. Principal Place of Business				3. Mailing Address				16 III II 1610 1610 1610 161 161 161 161 161 161		oide deutre e erd		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01	☐ CHECK HERE - 079 0	IF MAKING	CHANGES		_
City & State				City & State			4. FEI Num	APPLIED	FQF _		pplied For of Applicable	
Zip	Zip Country			Zip	ip Count		5. Certifical	e of Status Desired		\$5.00 Ad Fee Require		
	6. Name	and Address of Curre	nt Reg	istered Agent		Name	7. Name an	d Address of New I	tegistered /	\gent		7
WAYNE, ROBERT ESQ.					# -=					يود بد د		
1225 S.W. 87TH AVE. MIAMI FL 33174						Street Address (P.O. Box Numb	per is Not Acceptable	e) 			-
						City			FL	Zip Coo	le .	1
8. The above the obligati	named entitions of regis	y submits this statement tered agent.	for the	purpose of changing it	a register	ed office or register	red agent, or b	oth, in the State of Flo	orida. 1 am 1	amiliar with,	and accept	1
SIGNATURE .	Sidnethine hands	or printed name of registered ag	ent and til	te it applicable (NO)	TF: Bonnsere	d Agent signature required	(when micstation)	<u> </u>	DATE			
	Contract of the					FEE IS \$50.00					1	1
				Make Check Payab	le to Fl		nt of State	٠,				
9. MANAGING MEMBER			BERS/	/MANAGERS 10.				ADDITIONS	/CHANGES]_
TITLE NAME STREET ADDRESS		S PARTNERS DEVEL W. 87TH AVE.	NT, INC.	NAM STRI					☐ Change	☐ Addition	F083 (10/02	
CITY-ST-ZIP	MIAMI F	L 33174				-ST-ZIP				Change	Addition	ہ ⊢
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2		<u> </u>	☐ Delete	TITLE NAM STRE					Change	Addition	1

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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 path; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as requiring by Chapter 28. Florida Statutes.

SIGNATURE:

IRE: CIVILLE TO ECCOLOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF NUTHORIZED REPO

3 660-079 Dayling Prope #