2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013708

1. Entity Name
INVERSIONES GENOVES, LLC

Principal Place of Business	Mailing Address
4355 FOXTAIL LANE WESTON, FL 33331	4355 FOXTAIL LANE WESTON, FL 33331

02052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2337195
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GRISELDA U
4355 FOXTAIL LANE
WESTON, FL 33331

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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 Griselda Uzcategui 02/06/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GARCIA PEREZ, JUAN
STREET ADDRESS	MIRAFLORES, LOCAL S-1
CITY-ST-ZIP	CARACAS DE VENEZUELA, 1010
TITLE	MGRM
NAME	GONZALEZ DE GARCIA, ROSA
STREET ADDRESS	MIRAFLORES, LOCAL S-1
CITY-ST-ZIP	CARACAS DE VENEZUELA, 1010
TITLE	MGRM
NAME	UZCATEGUI GARCIA, GRISELDA
STREET ADDRESS	4355 FOXTAIL LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80091-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GRISELDA GARCIA UZCATEGUI 02/06/06 954-6049692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #