

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 4355 FOXTAIL LANE WESTON, FL 33331	Mailing Address 4355 FOXTAIL LANE WESTON, FL 33331
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02052006No Chg-LLC

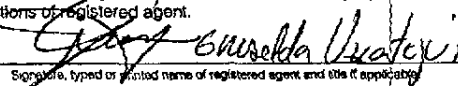
CR2E083 (11/05)

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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IN THIS SPACE**

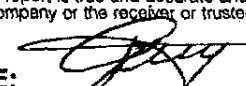
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE 02/06/06 DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

**U000000425289
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 118, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE 02/06/06 DATE	DAYTIME PHONE # 954-6049692 DAYTIME PHONE #