2004 LIMPTED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016532

1. Entity Name GENESIS II ASSOCIATES LLC

Principal Place of Business

STREET ADDRESS

NAME STREET ADDRESS CITY - ST - ZIP

565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 Mailing Address

565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441

FILED Apr 05, 2004 08:00 AM Secretary of State



03172004 No Chg-LLC

__ CR2E083 (10/03)

4.	FEI Number
	75-2060460

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASI, EDWARD 565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 Due by May 1, 2004		8000001030 9 5 04/05/04-80043-004 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASI, EDWARD 565 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN '	THIS SPACE	
TITLE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: Edward Mastidania Mari

3/24/04

(954) 421-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #