

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019448

1. Entity Name
GENET RIVIERA BEACH ORLANDO GP, L.L.C.



Principal Place of Business
9601 NW 112TH AVE.
MIAMI, FL 33178

Mailing Address
PO BOX 523666
MIAMI, FL 33152-3666



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GENET, LEONARD
9601 NW 112TH AVE.
MIAMI, FL 33178

**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

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, 2005**

1100000256893
03/09/05-80033-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GENET, IRVING
STREET ADDRESS	9601 NW 112TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	GENET, LEONARD
STREET ADDRESS	9601 NW 112TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

IRVING GENET

3/3/05

305-805-2650

Date

Daytime Phone #