## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000019448

1. Entity Name

GENET RIVIERA BEACH ORLANDO GP, L.L.C.



FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business

9601 NW 112TH AVE. MIAMI, FL 33178 Mailing Address

PO BOX 523666 MIAMI, FL 33152-3666



DO	NOT	WRITE	IN THIS	SPACE
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03072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For NOT APPLICABLE Not Applied be

DATE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

SIGNATURE

## 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.

(IV. TE Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENET, IRVING 9601 NW 112TH AVE. MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENET, LEONARD 9601 NW 112TH AVE. MIAMI, FL 33178	05/17/06-80125-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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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 trustge empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPEU OR PR

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOVING GENET

Maile

305-805-2650

Date

Daytime Phone #