2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/6/2003-90026-044-$55.00-$55.00

FILED
03 APR -2 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000541

1. Entity Name
GEN-EX BUILDERS, LLC

Principal Place of Business	Mailing Address
420 LINCOLN RD SUITE M-1 MIAMI BEACH FL 33139	420 LINCOLN RD SUITE M-1 MIAMI BEACH FL 33139

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
12147 SW 114 Pl		P.O. Box 770610	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33176	Country	Zip: 33177	Country

4. FEI Number: 01-0560524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, KEVIN (MGRM
420 LINCOLN RD
SUITE M-1
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Kaufman, Kevin MGRM
Street Address (P.O. Box Number is Not Acceptable): 12147 SW 114 Place
City: Miami FL Zip Code: 33176

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] MGRM — DATE: 2-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN KAUFMAN MGRM 12147 SW 114 PLACE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KEVIN L. KAUFMAN SIGNATURE REQUIRED [signature] MGRM — 2-18-03 — 305-969-8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #