


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90103 049 ****50.00

DOCUMENT # L02000015979					
1. Entity Name GENESIS FLORIDA, LLC					
Principal Place of Business 209-2 CESSNA BLVD. DAYTONA BEACH FL 32128-6928			Mailing Address 1648 TAYLOR ROAD #427 DAYTONA BEACH FL 32128-6928		
2. Principal Place of Business 3288 Spruce Creek Glen Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Daytona Beach, FL Zip 32128 Country		City & State Zip Country		4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent MERCER, GERALD G 209-2 CESSNA BLVD. DAYTONA BEACH FL 32128-6928			7. Name and Address of New Registered Agent Name <u>Dean Mead Services, LLC</u> Street Address (P.O. Box Number is Not Acceptable) 800 North Magnolia Ave. Ste. 1500 City <u>Orlando</u> <u>FL</u> Zip Code <u>32803</u>		
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 <u><i>Steven C. Lee, Vice President, Dean Mead Services, LLC</i></u> <u>9/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, GERALD G 209-2 CESSNA BLVD. DAYTONA BEACH FL 32128-6928	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3288 Spruce Creek Glen Daytona Beach, FL 32128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Gerald G. Mercer</i></u> <u>3/1/05</u> <u>386-763-5484</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					