

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0011943

**DOCUMENT # L02000026088**

1. Entity Name

**THE GENESIS GROUP, LLC**



05-05-2003 90089 036 \*\*\*\*50.00

Principal Place of Business

Mailing Address

10282 N.W. 54TH PLACE  
CORAL SPRINGS FL 33076

10282 N.W. 54TH PLACE  
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2382455

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, HOWARD L**  
**ONE PARK PLACE, 621 N.W. 53RD. STREET**  
**SUITE 390**  
**BOCA RATON FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**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  Delete  
NAME **MGRM**  
STREET ADDRESS **GREER, JOHN L**  
CITY-ST-ZIP **4180 N.W. 53RD. COURT**  
**COCONUT CREEK FL 33073**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **GREER, JAMES D**  
CITY-ST-ZIP **10282 N.W. 54TH PLACE**  
**CORAL SPRINGS FL 33076**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED** *James D. Greer*

Date

4-25-03

Daytime Phone #

CR2E083 (10/02)