



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90045 035 \*\*\*\*50.00

<b>DOCUMENT # L03000019638</b>					
<b>1. Entity Name</b> GENESIS DEVELOPMENT (LET US BUILD YOUR ENTERPRISES) LLC					
<b>Principal Place of Business</b> 4521 BOHEMIA DRIVE PENSACOLA, FL 32504 US			<b>Mailing Address</b> 4521 BOHEMIA DRIVE PENSACOLA, FL 32504 US		
<b>2. Principal Place of Business</b> 1360 E. Maxwell St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1360 E. Maxwell St. Suite, Apt. #, etc.			
<b>City &amp; State</b> Pensacola, FL		<b>City &amp; State</b> Pensacola, FL		<b>4. FEI Number</b> 36-4533237	
<b>Zip</b> 32503		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LERMAN, MARTIN I 4521 BOHEMIA DRIVE PENSACOLA, FL 32504			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1360 E. Maxwell St. City <u>Pensacola</u> <u>FL</u> Zip Code <u>32503</u>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LERMAN, MARTIN I 4521 BOHEMIA DR PENSACOLA, FL 32504		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1360 E. Maxwell St. Pensacola, FL 32503	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> GILBERT, DAVE 980 BARRINEAU PARK ROAD(HWY 196) MOLINO, FL 32577		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE</b> <u>Martin I. Lerman</u> <u>4-3-06</u> <u>(850) 380-1840</u>					