


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000019638 1. Entity Name GENESIS DEVELOPMENT (LET US BUILD YOUR ENTERPRISES) LLC	
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Principal Place of Business 1360 E MAXWELL ST PENSACOLA, FL 32503 US	Mailing Address 1360 E MAXWELL ST PENSACOLA, FL 32503 US
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03252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4533237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LERMAN, MARTIN I 1360 E MAXWELL ST PENSACOLA, FL 32503
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**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

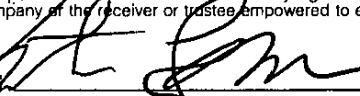
**Filing Fee is \$50.00
Due by May 1, 2007**

U000000683481
04/05/07-80047-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LERMAN, MARTIN I 1360 E MAXWELL ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERT, DAVE 980 BARRINEAU PARK ROAD(HWY 196) MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Martin I. Lerman** **03/26/07** **850 380-1840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #