## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 23, 2005 08:00 AM DOCUMENT # L03000019872 **Secretary of State** 1. Entity Name GENE 3, LLC Principal Place of Business Mailing Address 496 TIMBER RIDGE ROAD LONGWOOD FL 32779 496 TIMBER RIDGE ROAD LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-0221287 Not Applicable Žip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'TOOLE, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 496 TIMBER RIDGE DR. LONGWOOD FL 32779 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Addition TITLE MGR Delete TITLE ☐ Change NAME O'TOOLE, TIM NAME U00000239970 STREET ADDRESS 496 TIMBER RIDGE DR. STREET ADDRESS 02/23/05-80011-001 50.00 CITY - ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Change TITLE Delete THE ☐ Addition NAME NAME COUGHLIN, STEVE STREET ADDRESS 105 BLUE LAKE CT STREET ADDRESS CITY - ST- ZIP CITY ST - ZIP LONGWOOD FL 32779 Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete STREET ADDRESS STREET ADDRESS C1TY - 5 [ - ZIP CITY-ST-ZIP Change ☐ Addition TOTLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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.

MOR

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

SIGNATURE:

- FILED

407 867 3875 Dayline Phone #

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