
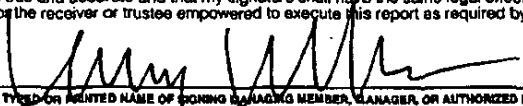


FILED  
May 14, 2004 8:00 am  
Secretary of State

04-30-2004 90076 038 \*\*\*\*55.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L03000027700</b>			
1. Entity Name <b>GENNA ESTATE, LLC</b>			
Principal Place of Business <b>636 N RIO GRANDE AVE ORLANDO, FL 32805</b>		Mailing Address <b>636 N RIO GRANDE AVE ORLANDO, FL 32805</b>	
2. Principal Place of Business <b>1100 Town Plaza Ct.</b>		3. Mailing Address <b>Same as #2</b>	
Suite, Apt. #, etc. <b>2010</b>		Suite, Apt. #, etc.	
City & State <b>Winter Springs, FL</b>		City & State	
Zip <b>32708</b>	Country <b>U.S.A.</b>	Zip	Country
4. FEI Number <b>20-0116560</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HAGEN, DEBORAH D 636 N RIO GRANDE AVE ORLANDO, FL 32805</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAGEN, DEBORAH D 636 N RIO GRANDE AVE ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, LARRY 800 WESTWOOD SQUARE SUITE E OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		Date _____ Daytime Phone # _____	