2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043993

1. Entity Name GENESIS, LLC



FILED Apr 30, 2005 08:00 AM Secretary of State

Principal Place of Business

400 ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884 Mailing Address

C/O LORRAINE A. TRUPIANO 6039 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

CR2E083 (10/03)

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

TURNER, MARK G 255 MAGNOLIA AVENUE, SOUTHWEST WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC

WINTER	mven, FL 33880		IN T	THIS SPACE	
	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered	d office or registered agent, or bot	h, in the State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed or printed name of registered agent and title d applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	_
Fi	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUPIANO, LORRAINE A 400 ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884		·		
TITLE NAME	MGR KIER, HOLLEE A		·	U00000349871 05/02/05-80081-022 50.0	თ
STREET ADDRESS CITY-ST-ZIP	400 ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884			03/06/03_00001-055 20*0	IJ.
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TITLE 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MUNICIPAL HERER, OR AUTHORIZED REPRESENTATIVE Date Designer Phono W