


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046281 1. Entity Name GEN HOLDINGS, LLC	
---	---

Principal Place of Business 4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935	Mailing Address 4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935
---	---

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1457903	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

GENONI, CHARLES B
4760 N. HARBOR CITY BLVD, STE 201
MELBOURNE, FL 32935

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


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GENONI, JOHN P JR. 4760 N HARBOR CITY BLVD #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GENONI, JOHN M 4760 N HARBOR CITY BLVD #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GENONI, CHARLES B 4760 N HARBOR CITY BLVD #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000744394
05/15/07-80146-024 50.00

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.

SIGNATURE:  **4/26/07 821 255-7601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #