

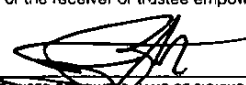


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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50.00

DOCUMENT # L03000057182			
<b>1. Entity Name</b> GENCOM EXECS, LLC			
<b>Principal Place of Business</b> 3250 MARY ST, STE 500 COCONUT GROVE, FL 33133		<b>Mailing Address</b> 3250 MARY ST, STE 500 COCONUT GROVE, FL 33133	
<b>2. Principal Place of Business</b> 1200 BRICKELL AVE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FL Zip 33131		<b>3. Mailing Address</b> 1200 BRICKELL AVE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FL Zip 33131	
			
		06222005    Chg-LLC    CR2E083 (10/03)	
		<b>4. FEI Number</b> NOT APPLICABLE	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> FIELDSTONE, RONALD 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM ALIBHAI, KARIM 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 1200 BRICKELL AVE, ST 1450 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGER BEZOLD, TOM J.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGER BEZOLD, TOM J. 1200 BRICKELL AVE ST 1450 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" 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 500058536635 08/12/05--01055--013    **250.00	<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
<b>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.</b>			
<b>SIGNATURE:</b> 		(305) 442-0800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date    Daytime Phone #	