

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90248 001 ***100.00

DOCUMENT # L03000057182

1. Entity Name
GENCOM EXECS, LLC



Principal Place of Business

**1200 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131**

Mailing Address

**1200 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131**

30000544



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDSTONE, RONALD
201 ALHAMBRA CIR, STE 601
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALIBHAI, KARIM
1200 BRICKELL AVE, SUITE 1450
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALIBHAI, KARIM
1200 BRICKELL AVE, SUITE 1460
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEZOLD, TOM J
1200 BRICKELL AVE, SUITE 1450
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEZOLD, TOM J
1200 BRICKELL AVE, SUITE 1460
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

Tom Bezold

1/31/06

(305) 442-9808

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

Date

Daytime Phone #