2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000007101

1. Entity Name **GENKOM ENTERPRISES LLC**

FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business

4834 CROW STREET ORLANDO, FL 32819 Mailing Address

4834 CROW STREET ORLANDO, FL 32819



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 01302006 No Chg-LLC

4. FEI Number		Applied For
42-1616108		Not Applicabl
5. Certificate of Status	Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOEGH PREBENK

	W STREET D, FL 32819		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					
FI D	iling Fee is \$50.00 ue by May 1, 2006	02/1	00000413735 1/06-80007-023 50.00					
TITLE NAME STRIET ADDRESS CITY-ST-ZIP TITLE	MGRM HOEGH, PREBEN K 4834 CROW STREET ORLANDO, FL 32819 MGRM HOEGH, GLORIA J 4834 CROW STREET ORLANDO, FL 32819		T WRITE S SPACE					
NAME STREET ADDRESS CITY-ST-ZIP								

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Ry faces			1/30 - 2006			
SIGNATURE AND TYPED OR PRIN	TEDYNAME	OF SIGNING A	AMAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #	
	7						