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Secretary of State

03-11-2005 90056 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

30010083

DOCUMENT # L04000007938

1. Entity Name

GENESIS LANDSCAPING L.L.C.

Principal Place of Business	Mailing Address
11851 POYDRAS LANE JACKSONVILLE FL 32218 US	P.O. BOX 2467 JACKSONVILLE FL 32203 US

2. Principal Place of Business 11851 Poydras Lane	3. Mailing Address P.O. Box 2467
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville FL.	City & State Jacksonville FL.
Zip 32218 Country U.S.	Zip 32203 Country U.S.

1st MOORE ER CR2E083 (10/04)

4. FEI Number 03-0535413 ☐ Applied For ☐ Not Applicable

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
REAVES, EUGENE N 11851 POYDRAS LANE JACKSONVILLE FL 32218	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

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Eugene Reaves 11851 Poydras LN. Jacksonville FL. 32218 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Eugene N. Reaves 3-9-05 (904) 703-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #