


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90069 014 ****50.00

DOCUMENT # L04000008569

1. Entity Name
NUGENESIS ENTERPRISE, LLC



Principal Place of Business Mailing Address
10155 NW 31ST CT **10155 NW 31ST CT**
SUNRISE, FL 33351 **SUNRISE, FL 33351**

2. Principal Place of Business 3. Mailing Address
901 SW 131 way **901 SW 131 way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE FL **DAVIE FL**
 Zip Country Zip Country
33325 **Broward** **33325** **Broward**

6. Name and Address of Current Registered Agent
GRIFFIN, MELANIE
10155 NW 31ST CT
SUNRISE, FL 33351



03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-0718434 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 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 Melanie Griffin DATE 3/31/06
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

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	P GRIFFIN, MELANIE 10155 NORTHWEST 31 COURT SUNRISE, FL 33351 <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	MGRM DYER, GLORIA 10155 NORTHWEST 31 COURT SUNRISE, FL 33351 <input checked="" 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
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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

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: Melanie Griffin DATE: 3/31/06 DAYTIME PHONE: 954-475-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #