
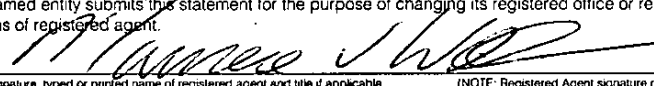
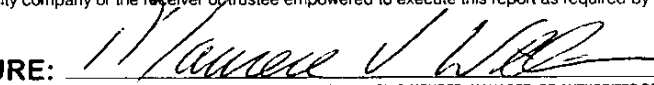


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90036 006 ****50.00

| | | | | | |
|--|--|--|--|---|---|
| DOCUMENT # L04000019502 1. Entity Name GENUINE PLEASURES, LLC | | | |  | |
| Principal Place of Business 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 | | | Mailing Address 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 | | |
| 2. Principal Place of Business 2995 Burgoyne Lane Suite, Apt. #, etc. | | 3. Mailing Address 2995 Burgoyne Lane Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, FL Zip 33409 | | City & State West Palm Beach, FL Zip 33409 | | 4. FEI Number 20-0929000 | |
| Country US | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, MAURECE J 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2995 Burgoyne Lane City West Palm Beach FL Zip Code 33409 | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 WILLIAMS, MAURECE J 5125 FOXHALL DRIVE NORTH WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2995 Burgoyne Lane West Palm Beach, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date 4-11-06 Daytime Phone # _____ | | |