
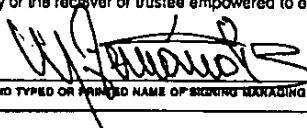


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2005 90117 033 ****50.00
L04000071366

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 28 PM 3:00

DOCUMENT # L04000071366 1. Entity Name GENESIS ENTERPRISES OF FLORIDA, LLC					
Principal Place of Business 1409 1ST AVENUE EAST BRADENTON, FL 34208		Mailing Address 1409 1ST AVENUE EAST BRADENTON, FL 34208			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALVANO, WILLIAM S ESQ 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MGRM		
STREET ADDRESS		STREET ADDRESS	Fernandez, Mario A.		
CITY-ST-ZIP		CITY-ST-ZIP	1409 1st Avenue East Bradenton, FL 34208		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MGRM		
STREET ADDRESS		STREET ADDRESS	Fernandez, Jennifer		
CITY-ST-ZIP		CITY-ST-ZIP	1409 1st Avenue East Bradenton, Florida 34208		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MGRM		
STREET ADDRESS		STREET ADDRESS	Fernandez, Natalie		
CITY-ST-ZIP		CITY-ST-ZIP	1409 1st Avenue East Bradenton, Florida 34208		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Mario A. Fernandez, MGRM 4-28-05 941 704 4273			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



List
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