

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 22, 2007 08:00 AM  
Secretary of State

DOCUMENT # L05000002915

1. Entity Name  
GENKI, LLC



Principal Place of Business  
11 ISLAND AVENUE  
411  
MIAMI BEACH, FL 33139 US

Mailing Address  
11 ISLAND AVENUE  
411  
MIAMI BEACH, FL 33139 US



01142007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-2238929

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, PHILIP R  
11 ISLAND AVENUE  
411  
MIAMI BEACH, FL 33139

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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

Filing Fee is \$50.00  
Due by May 1, 2007

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SMITH, PHILIP R  
11 ISLAND AVENUE, APT. 411  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHORR, ERIC  
11 ISLAND AVENUE, APT. 411  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000595331  
01/23/07-80083-025 50.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jan. 17, 2007

Date

Daytime Phone #

305778  
0910