


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90200 003 ****50.00

DOCUMENT # L05000052222	
1. Entity Name GENESIS LAND HOLDINGS, LLC	

Principal Place of Business 11991 S.W. 94 STREET MIAMI, FL 33186	Mailing Address 11991 S.W. 94 STREET MIAMI, FL 33186
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2. Principal Place of Business 14021 S.W. 143 CT	3. Mailing Address 14021 S.W. 143 CT
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State MIAMI - FLORIDA	City & State MIAMI - FLORIDA
Zip 33186	Country
Zip 33186	Country

60015698



02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, JOSE 11991 SW 94 STREET MIAMI, FL 33186	7. Name and Address of New Registered Agent Name LOPEZ JOSE Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI FL Zip Code 33186
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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.	3/8/06 DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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: 	3-8-06 (406) 486-6871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #