

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-10-2006 90130 033 ****50.00

DOCUMENT # L05000055169 1. Entity Name GENESIS PARTNERS, LLC					
Principal Place of Business 1548 THE GREENS WAY STE 3 JACKSONVILLE, FL 32250			Mailing Address 1548 THE GREENS WAY STE 3 JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCUE, EDWARD R JR 1548 THE GREENS WAY STE 3 JACKSONVILLE, FL 32250				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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR The Devlin Group 1548 The Greens Way, sk3 Jacksonville Beach, FL 32250			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ 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: _____				3/6/06 904.543.0026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

30003754



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2941826** Applied For ☐ Not Applicable ☐

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