2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057890

Entity Name: LODGE GEN, LLC.

FILED May 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12555 ORANGE DRIVE 12555 ORANGE DRIVE

SUITE 208 SUITE 252 **DAVIE, FL 33330 DAVIE, FL 33330**

Current Mailing Address: New Mailing Address:

12555 ORANGE DRIVE 12555 ORANGE DRIVE

SUITE 208 SUITE 252 DAVIE, FL 33330 DAVIE, FL 33330

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X)

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOBSON, BRIGETTE JOBSON, BRIGETTE 12555 ORANGE DRIVE 12555 ORANGE DRIVE SUITE 252 SUITE 208 DAVIE, FL 33330 US DAVIE, FL 33330 US

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.

SIGNATURE: BRIGETTE JOBSON 05/05/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition JOBSON, BRIGETTE Name: JOBSON, ARISTOTLE Name:

12555 ORANGE DRIVE, SUITE 208 Address: 12555 ORANGE DRIVE, SUITE 252 Address:

City-St-Zip: **DAVIE, FL 33330** City-St-Zip: **DAVIE. FL 33330**

Title: MGRM () Delete Title: MGRM (X) Change () Addition JOBSON, BRIGETTE

Name: JOBSON, BRIGETTE Name: Address: 12555 ORANGE DRIVE, SUITE 208 Address: 12555 ORANGE DRIVE, SUITE 252

City-St-Zip: **DAVIE, FL 33330** City-St-Zip: **DAVIE, FL 33330**

Title: MGRM () Delete Title: MGRM (X) Change () Addition

JOBSON, DELORIS JOBSON, DELORIS Name: Name: 12555 ORANGE DRIVE, SUITE 208 12555 ORANGE DRIVE, SUITE 252 Address:

Address:

City-St-Zip: **DAVIE. FL 33330** City-St-Zip: **DAVIE. FL 33330**

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: JOBSON, ANASTASIA Name: JOBSON, ANASTASIA

12555 ORANGE DRIVE, SUITE 208 12555 ORANGE DRIVE, SUITE 252 Address: Address:

City-St-Zip: **DAVIE, FL 33330** City-St-Zip: **DAVIE, FL 33330**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIGETTE JOBSON **MGRM** 05/05/2009