2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060845

1. Entity Name

GENESIS AZURE LLC



Principal Place of Business

565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 Mailing Address

565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90044 008 ****50.00

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04262007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number | 1 | Applied For |
|----|-------------------------------|-----------------------------------|----------------|
| | 56-2519810 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN W ESQ. C/O FRANK, WEINBERG, & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| | 4 | | | | | | |
|---|---|---------------------|--|----------|--|--|--|
| 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_ | <u> </u> | | | | | | |
| | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered / | Agent signature required when reinstating) | DATE | | | |
| Fi De | ling Fee is \$50.00 ue by May 1, 2007 | | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE | MGRM | | | | | | |
| NAME | MA\$I, EDWARD | | | ļ | | | |
| STREET ADDRESS | 565 E HILLSBORO BLVD | | | | | | |
| CITY-S1-ZIP | DEERFIELD BEACH, FL 33441 | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | · | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | DO NO | OT WRITE | | | |
| CITY-ST-ZIP | | | DO N | JI WKIIE | | | |
| TITLE | | | IN TH | IS SPACE | | | |
| NAME | | | 114 111 | IS SPACE | | | |
| STREET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-\$1-ZIP | | | | | | | |
| TITLE | | | | | | | |

11. I hereby certify that the information supplied with this filling 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: <u>Eduard Masi</u>

NAME STREET ADDRESS CITY-ST-ZIP

EDWARD MAS.

04-26-07 954-421-4200

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

Date

Daytime Phone #