

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018826

Entity Name: GENX, LLC

FILED  
Jul 30, 2007  
Secretary of State

## Current Principal Place of Business:

3389 STERLING LAKE CIRCLE  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

3389 STERLING LAKE CIRCLE  
OVIEDO, FL 32765 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BELLEFEUILLE, E. SCOTT  
Address: 3389 STERLING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete  
Name: FATE, KELLY J  
Address: 3389 STERLING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM (X) Delete  
Name: JONES, KENNETH C  
Address: 22 GILBRONSON ROAD  
City-St-Zip: UNION, CT 06076 US

Title: MGRM (X) Delete  
Name: JONES, KRISTEN JEANET  
Address: 22 GILBRONSON ROAD  
City-St-Zip: UNION, CT 06076 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KELLY FATE

MGRM

07/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date