

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050165

Entity Name: GENNESARET, LLC

FILED  
Aug 30, 2007  
Secretary of State

**Current Principal Place of Business:**

3515 ARC LIGHT CT  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3515 ARC LIGHT CT  
FT. MYERS, FL 33916

**New Mailing Address:**

FEI 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:**

THOMAS, ELIZABETH A  
5615 SR 80  
ALVA, FL 33920 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: MULTARI, MICHAEL  
Address: 3515 ARC LIGHT CT  
City-St-Zip: FT. MYERS, FL 33916

Title: MGRM ( ) Delete  
Name: THOMAS, ELIZABETH A  
Address: 5615 SR 80  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES:**

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: MICHAEL MULTARI

MGRM

08/30/2007

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