

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050165

Entity Name: GENNESARET, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

3515 ARC LIGHT CT
FT. MYERS, FL 33916

New Principal Place of Business:

3515 ARCLIGHT CT
FT. MYERS, FL 33916

Current Mailing Address:

3515 ARC LIGHT CT
FT. MYERS, FL 33916

New Mailing Address:

3515 ARCLIGHT CT
FT. MYERS, FL 33916

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: MGRM (X) Change () Addition
Name: MULTARI, MICHAEL
Address: 3515 ARCLIGHT CT
City-St-Zip: FT. MYERS, FL 33916

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

MGR

05/01/2008

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