

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026102

**FILED**  
**Jan 14, 2008**  
**Secretary of State**

**Entity Name:** GENCO DEVELOPMENT, LLC

**Current Principal Place of Business:**

16765 FISHHAWK BLVD  
#318  
LITHIA, FL 33547 US

**New Principal Place of Business:**

3925 W CO HWY 30-A  
B  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

16765 FISHHAWK BLVD  
#318  
LITHIA, FL 33547 US

**New Mailing Address:**

3925 W CO HWY 30-A  
B  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 20-8604418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOYLE, TIMOTHY K  
16765 FISHHAWK BLVD  
#318  
LITHIA, FL FL US

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

DOYLE, TIMOTHY K  
3925 W CO HWY 30-A  
B  
SANTA ROSA BEACH, FL FL 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: TIMOTHY DOYLE

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOYLE, TIMOTHY K  
Address: 16765 FISHHAWK BLVD, #318  
City-St-Zip: LITHIA, FL 33547 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOYLE, TIMOTHY K  
Address: 3925 W CO HWY 30-A, SUITE B  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: TIMOTHY DOYLE

MGRM

01/14/2008

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