

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027528

FILED
Jan 28, 2009
Secretary of State

Entity Name: GENESIS PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

27151 FORDHAM DRIVE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

27151 FORDHAM DRIVE
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-8620691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN A
27151 FORDHAM DRIVE
WESLEY CHAPEL, FL 33544 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: SMITH, BRIAN A
Address: 27151 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM () Delete
Name: STOPPA, MICHAEL C
Address: 4723 POINTE O WOODS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM (X) Delete
Name: HUNTER, JUDY
Address: THORNTON PALMS
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: STOPPA, MICHAEL C
Address: 2718 BILLINGHAM DRIVE
City-St-Zip: LAND O LAKES, FL 34639

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: BRIAN SMITH

MGRM

01/28/2009

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