

FILED  
Jun 09, 2008 8:00 am  
Secretary of State

05-02-2008 90019 025 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                                                                         |                                                                   |
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| <b>DOCUMENT # L07000119545</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                        |                                                                   |
| 1. Entity Name<br><b>GENES AUTO BODY LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>2309 SE E &amp; T CIRCLE<br/>ARCADIA, FL 34266</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  | Mailing Address<br><b>2309 SE E &amp; T CIRCLE<br/>ARCADIA, FL 34266</b>                                                                |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                          | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>30-0487470</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | \$5.00 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>YODER, JOHN<br/>2309 SE E &amp; T CIRCLE<br/>ARCADIA, FL 34266</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                                                                         |                                                                   |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>                                                                                                                                                                                                                                                                                                                                 |                                                                                                  | DATE                                                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>YODER, JOHN<br>2309 SE E & T CIRCLE<br>ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>John A Yoder</u> 4 30-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                                                                         |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                                                                         |                                                                   |