

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000680

Entity Name: GEN X VENTURES, L.C.

FILED  
May 19, 2008  
Secretary of State

**Current Principal Place of Business:**

201 N.E. FIRST AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

201 N.E. FIRST AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 65-0693821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

LIPSHY, BRIAN LOUIS  
201 N.E. FIRST AVENUE  
DELRAY BEACH, FL 33444      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SARAGA, ROBERT S  
Address: 201 N.E. FIRST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM      ( ) Delete  
Name: LIPSHY, BRIAN L  
Address: 201 N.E. FIRST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

**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: BRIAN LOUIS LIPSHY

MGRM

05/19/2008

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