2001 UNIFORM BUSINESS REPORT (UBR)

		HILOS HEL OI	11 /001	<u>"'</u>
DOCU 1. Entity Nam	MENT # L9900000:	1392	in a second	
GENSOP	, L.L.C.			FILED
Principal Plac	ee of Business	Mailing Address		OIFEB 15 AM 9:31
Principal Plac	e of Business	Malling Address		SECRETARY OF STATE
				SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal P	lace of Business	3. Mailing Address	4	
/ <u>///</u> Suite, Apt.) W. Broodview Dr.	10340 W.BYOQC Suite, Apt. #, etc.	dview Dr	DO NOT WRITE IN THIS SPACE
City & Stat	shortsland FL	PRV Harbor A	Short E	4. FEI Number Applied For Not Applied In In Not Applied In
Zip	Country		Country	5 Cartificate of Status Registed 55.00 Additional
_30/	6. Name and Address of Current I	Registered Agent	USA	7. Name and Address of New Registered Agent
• • -			. Name	COUT Ilon Yorkin
			Street Ac	ddress (P.O. Box Number is Not Acceptable)
			703	340 WDMUQWIEWDY.
			City 🔾 🔾	V. Acidon TSland FL Zip God 3/54
9 The above	named entity submits this statement for	the purpose of changing its re-	gistored office ar	THURST FORM
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.				
SIGNATURE Signature, typed or printer name of registered agents ind title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$50.00				
9.	MANAGING MEMBE	DS/MEMBERS	10.	. ADDITIONS/CHANGES
TITLE .	WAT CACING THE WORL	☐ Delete	TITLE	
NAME STREET ADDRESS			NAME STREET ADDRESS	Ray Elfer Yarkin
CITY-ST-ZIP			CITY-ST-ZIP	Ray Eller Grange Addition Ray Eller Variance Addition Ray Eller Variance Broadview Dr. Bay Harbor Island, F7. 33/54 Change Addition Research
TITLE		☐ Delete	TITLE	Change ☐ Addition ≥ S
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	- 100003708731 _ 8
TITLE NAME		☐ Delete .	TITLE NAME	100007007010 -02/19/01010110-017
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	·	STREET ADDRESS	******50.00 ******50.00 -
CITY-ST-ZIP			CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME (□ Delete	NAME	
STREET ADDRESS CITY-ST-ZIP	**************************************		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	· Change Addition
NAME STREET ADDRESS	***		NAME STREET ADDRESS	<i>→ → ₩</i>
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	·	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	·		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.				
manage of the resolution of master simple report as required by chapter soo, Florida statutes.				
SIGNATURE: X RayEllen Yarkin 3/10/0]				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #				