

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90132 040 ****50.00

DOCUMENT # M01000001809

1. Entity Name

GENESIS ALTERNATIVE INVESTMENT LLC

DO NOT WRITE IN THIS SPACE

961596

2. Principal Place of Business

1221 Brickell Avenue

Suite, Apt. #, etc.
Suite 900

City & State
Miami, FL

Zip
33131

Country
US

3. Mailing Address

1221 Brickell Avenue

Suite, Apt. #, etc.
Suite 900

City & State
Miami, FL

Zip
33131

Country
US

4. FEI Number

65-1127264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street, #200

City

Miami Beach

FL

Zip Code
33139

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 printed name of registered agent, and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST MGRM
Kalimi, Jamee M.
1221 Brickell Ave. STE 900
Miami, FL 33131

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IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)