

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90035 015 *****50.00

0013478

DOCUMENT # M01000001809

1. Entity Name

GENESIS ALTERNATIVE INVESTMENTS, LLC



Principal Place of Business

1221 BRICKELL AVE. SUITE 900
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE. SUITE 900
MIAMI FL 33131

2. Principal Place of Business

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

3. Mailing Address

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

City & State

Miami Beach, FL

Zip

33139

Country

USA

City & State

Miami Beach, FL

Zip

33139

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1127264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KALIMI, JAMEE
1221 BRICKELL AVE. SUITE 900
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1680 Michigan Avenue, Suite 1000
Miami Beach, FL 33139

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Jamee Kalimi
JAMEE KALIMI, Managing Member

Date

3/13/03

Daytime Phone #

305-539-0900

CR2E083 (10/02)