## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business 801 BRICKELL MENUE PENTHOUSE 2 MAMIL, EL 33131  2. Principal Place of Business - No PO. Sex 4	DOCUMENT # M0600003565  1. Entity Name GENCOM ASSET MANAGEMENT GP, L.L.C.							OB JAN 28 PM 1: 34				
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   O1252008   Cng.LLC   CR2E083 (12/08)	801 BRICKEL	L AVENUE I		801 BRICKELL AVENUE		LLAHASSEI	OF STATE E. FLORIOA		I			
Chy & Slate	2. Principal Place of Business - No P.O. Box #			V 1							İ	
Zip   Country   Zip   Country   S. Certificate of Status Desired   S. Certificate   S.	Suite, Apt. #, etc.								CR2E083 (12			
S. Certificate of Status Device.   Fee Required    S. Certificate of Status Device.   Fee Required   Status Device.   Fee Required   Status Device.   Fee Required   Name   1200 SOUTH PINE ISLAND ROAD   PLANTATION, FL 33324   City   FL   Zio Code   Status Device.	•	e 								Not Applic	icable	
Some   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		,	Country		<u> </u>		Fee Re			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current R	tegistered Agent	Nam	ne .	7. Name and	d Address of New F	Registered Agent			
the obligations of registered agent.  SIGNATURE    Signature, typee or prison name of registered agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent agent and die if applicable.   (PADTE: Registered Agent gonals or registered agent	C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable)											
FILE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  FILE NOWIII FEE IS \$138.75  MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Change   Addition    NAME ALIBHAI, KARIM   Delite   TITLE   MANAGERS   CITY-ST-ZP    TITLE   Delite   TITLE   MANE   MANAGERS   TITLE   MANAGERS   TIT												
### Addition  ##	SIGNATURE											
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. I hereby certify that the information supplied with this filling 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.	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDR	ESS			Ch	ange 🔲 A	ddition	
NAME STREET ADDRESS City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP City-St-ZIP  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.	NAME STREET ADDRESS			☐ Delete	name Street addr	ESS			Cr	ange 🔲 A	ddition	
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Daytime Phone #