

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003565

FILED
Mar 11, 2010
Secretary of State

Entity Name: GENCOM ASSET MANAGEMENT GP, L.L.C.

Current Principal Place of Business:

801 BRICKELL AVENUE, PENTHOUSE 2
MIAMI, FL 33131

New Principal Place of Business:

801 BRICKELL AVENUE
PH - 2
MIAMI, FL 33131

Current Mailing Address:

801 BRICKELL AVENUE, PENTHOUSE 2
MIAMI, FL 33131

New Mailing Address:

801 BRICKELL AVENUE
PH - 2
MIAMI, FL 33131

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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
Name: ALIBHAI, KARIM
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: BEZOLD, TOM
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: LAKE, GARY
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: BIKUELGE, JUDI
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

Title: AS
Name: LEVITT, JULIE
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

Title: S
Name: BEZOLD, TOM
Address: 801 BRICKELL AVENUE, PENTHOUSE 2
City-St-Zip: MIAMI, FL 33131

I hereby 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: TOM BEZOLD

VP

03/11/2010

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