

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000004485

1. Entity Name
GENO LLC



Principal Place of Business
99 GEORGE KING BLVD., SUITE 3
CAPE CANAVERAL, FL 32920

Mailing Address
99 GEORGE KING BLVD., SUITE 3
CAPE CANAVERAL, FL 32920

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4604159

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINE, DAVID H
3115 S. ATLANTIC AVENUE, UNIT 404
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000954956
07/15/08-00005-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FINE, DAVID H
STREET ADDRESS	99 GEORGE KING BLVD., SUITE 3
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920
TITLE	MGR
NAME	O'BRIEN, JAMES W
STREET ADDRESS	99 GEORGE KING BLVD., SUITE 3
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920
TITLE	MGR
NAME	SHULMAN, STEVEN
STREET ADDRESS	99 GEORGE KING BLVD., SUITE 3
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

7/9/08

Date

Daytime Phone #