

FILED
Jun 18, 2007 8:00 am
Secretary of State

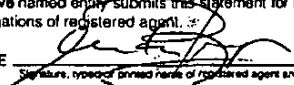
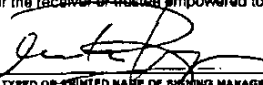
05-11-2007 90193 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

5.

30010935



DOCUMENT # L06000067912			
1. Entity Name SERBAY INVESTMENTS LLC			
Principal Place of Business 7500 N.W. 25 STREET, UNIT #1 MIAMI, FL 33122		Mailing Address 7500 N.W. 25 STREET, UNIT #1 MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 671 W. 18 th Street		3. Mailing Address 671 W. 18 th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33010		Country USA	
4. FEI Number 74-3184346		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAYON, SEBASTIAN 6431 S.W. 94 AVENUE MIAMI, FL 33173		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYON, SEBASTIAN	NAME	
STREET ADDRESS	6431 S.W. 94 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, ANTONIO	NAME	
STREET ADDRESS	2005 S.W. 125 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	