

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071851

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: SERENITY LAKES #3, LLC

**Current Principal Place of Business:**

2555 COLLINS AVENUE, SUITE 2408  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2555 COLLINS AVENUE, SUITE 2408  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-5240431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

WOLFF, ROBERTO MGRM  
2555 COLLINS AVE, # 2408  
MIAMI BEACH, FL 33140 US

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: ROBERTO WOLFF

03/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOLFF, ROBERTO  
Address: 2555 COLLINS AVENUE, SUITE 2408  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: SAAVEDRA, ALDO  
Address: 529 CURTISS PARKWAY  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERTO WOLFF

MGRM

03/05/2007

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