

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002920

1. Entity Name
SERENATA BEACH CLUB, L.L.C.



Principal Place of Business
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH, FL 32250

Mailing Address
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH, FL 32250



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3578839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, PAUL Z
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH, FL 32250

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FLETCHER GROUP II, L.L.C.
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M
SOUTH PONTE BEACH PARTNERS, INC.
5011 GATE PARKWAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M
SB LAND ASSOCIATES, L.L.C.
101 EAST TOWN PLACE, SUITE 200
ST AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Paul Z Fletcher

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

Date

Daytime Phone #