2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002920

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

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

04272005 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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLETCHER GROUP II, L.L.C.
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	M
NAME	SOUTH PONTE BEACH PARTNERS, INC.
STREET ADDRESS	5011 GATE PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	M
NAME	SB LAND ASSOCIATES, L.L.C.
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP	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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05/04/05-80038-015 50.00

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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: _____ 4/29/05 904-285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #