


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 18 AM 9:49

<b>DOCUMENT # L04000025167</b> 1. Entity Name <b>SERENITY, L.L.C.</b>	
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Principal Place of Business <b>1110 DOUGLAS AVE., SUITE 2050 ALTAMONTE SPRINGS, FL 32779</b>	Mailing Address <b>1110 DOUGLAS AVE., SUITE 2050 ALTAMONTE SPRINGS, FL 32779</b>
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2. Principal Place of Business - No P.O. Box # <b>365 WEKIVA SPRINGS RD</b> Suite, Apt. #, etc. <b>SUITE 231</b> City & State <b>LONGWOOD FL</b> Zip <b>32779</b>	3. Mailing Address <b>365 WEKIVA SPRINGS RD</b> Suite, Apt. #, etc. <b>SUITE 231</b> City & State <b>LONGWOOD FL</b> Zip <b>32779</b>
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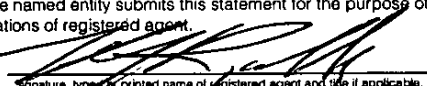


01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-2443901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ROYALL, H J JR.</b> <b>1110 DOUGLAS AVE STE 2050</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	7. Name and Address of New Registered Agent Name <b>ROYALL H. J. JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>365 WEKIVA SPRINGS RD</b> <b>SUITE 231</b> City <b>LONGWOOD</b> FL Zip Code <b>32779</b>
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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.

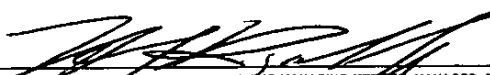
SIGNATURE  DATE **4/11/08**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ROYALL, H J JR. STREET ADDRESS 1110 DOUGLAS AVE STE 2050 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE MGRM NAME ROYALL, H. J. JR. STREET ADDRESS 365 WEKIVA SPRINGS RD SUITE 231 CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>500125265425</b> <b>04/23/08--01016--004</b> <b>**1398.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/11/08** Daytime Phone #

407-774-0303