

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004732

FILED
Feb 28, 2005
Secretary of State

Entity Name: SERA HOLDINGS L.C.

Current Principal Place of Business:

2588 SW 27TH AVE
MIAMI, FL 33133

New Principal Place of Business:

2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134 US

Current Mailing Address:

2588 SW 27TH AVE
MIAMI, FL 33133

New Mailing Address:

2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134

FEI Number: 65-1144047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2588 SW 27TH AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

02/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PALACIOS, ENRIQUE
Address: 1341 CROSSBILL COURT
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: PALACIOS, SILVIA
Address: 1341 CROSSBILL COURT
City-St-Zip: WESTON, FL 33327

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 Section 119.07(3)(i), 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: ENRIQUE PALACIOS

MGRM

02/28/2005

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