

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008898

1. Entity Name
SERENA SHORES, LLC



Principal Place of Business
**1227 S. PATRICK DR.
SATELLITE BEACH, FL 32937**

Mailing Address
**1227 S. PATRICK DR.
SATELLITE BEACH, FL 32937**



01242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEALS, ROBERT L
201 NORTH RIVERSIDE DR., STE B
INDIALANTIC, FL 32903**

**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
BATES, JAMES H
270 HAMMOCK SHORE DR
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMITH, WILLIAM K
1227 SOUTH PATRICK DR
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JORGE, FRED
1227 SOUTH PATRICK DR
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000035580
02/06/04-80023-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/25/04 321-480-1336