

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90107 009 ****50.00

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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**

40043142



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3722966**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **BATES, JAMES H**
STREET ADDRESS **270 HAMMOCK SHORE DR**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **FUHMAN, JUSTIN**
STREET ADDRESS **9655 E BAY 7 N**
CITY-ST-ZIP **BAYHARBOR FL 33154**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Bates
JAMES BATES
MANAGING MEMBER

321-723-2522

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

Date

Daytime Phone #

CR2E083 (10/02)