


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90016 047 \*\*\*\*50.00

<b>DOCUMENT # L02000026336</b>					
1. Entity Name <b>SERENITY MESSAGE, LLC</b>					
Principal Place of Business <b>1531-3 MONUMENT ROAD JACKSONVILLE, FL 32225</b>			Mailing Address <b>1531-3 MONUMENT ROAD JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>55-0795391</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JENKINS, NICOLE 1531-3 MONUMENT ROAD JACKSONVILLE, FL 32225			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, NICOLE		NAME	JENKINS, NICOLE	
STREET ADDRESS	4104 SKYCREST DRIVE		STREET ADDRESS	4104 SKYCREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32248		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, DONNA		NAME	DEANGELIS, DONNA	
STREET ADDRESS	12528 BELMONT LAKES DRIVE		STREET ADDRESS	75303 JOHNSON LAKES RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	YULEE, FL 32097	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, ANDREW		NAME	DEANGELIS, ANDREW	
STREET ADDRESS	12528 BELMONT LAKES DRIVE		STREET ADDRESS	75303 JOHNSON LAKES RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	YULEE, FL 32097	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>Donna DeAngelis</i> MGRM		1-14-04		904-928-0093	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	
Donna DeAngelis					