2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000033092 1. Entity Name SER LLC							J	- Jan 28, 2004 08:00 AM Secretary of State			
Principal Place of Business Mailing Address											
1481 BOCA CHICA ROAD KEY WEST FL 33040				1481 BOCA CHICA ROAD KEY WEST FL 33040							
							l I				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt #, etc				MOORE CR2E083 (11/03)			
City & State				City & State			4. FEI Nur	^{nber} 65-1163335			plied For t Applicable
Zip	Country			Zip Country		itry	5. Certifica	ate of Status Desired		5.00 Add	itional
6. Name and Address of Current I				istered Agent		7. Name a	nd Address of New Re			<u> </u>	
ROCKTESCHEL, STEVEN						Name					
1481 BOCA CHICA RD. KEY WEST FL 33040						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, typicd or partical 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 Flo											
Due By May											
9. MANĀĞING MEMBE				RS/MANAGERS 10.				ADDITIONS/0	CHANGES		
πτε	MGR 🗆			☐ Delete	TITL	E		000000016		☐ Change	Addition
NAME	ROCKTESCHEL, STEVEN			NAME		3		01/28/04-800	39-1108	50.00	
STREET ADDRESS CITY-ST-ZIP	KEY WEST	A CHICA ROAD FL 33040			EET ADDRESS - ST- ZIP	- <u></u>			20460		
TITLE NAME	MGR	THE ELVE		☐ Detete	TETL NAM	₹				Change	Addition
STREET ADDRESS	ROCKTESCHEL, ELKE 1481 BOCA CHICA ROAD				•	EET ADDRESS					
CITY-ST-ZIP	KEY WEST	FL 33040			CITY	- S7 - 71P					
THE .		***************************************		☐ Delete	TRIL	E		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME CERSET LIBERTOR					NAM						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -SI-ZIP					
TITLE	 	/ ************************************		☐ Defete	TITE			······································		☐ Change	☐ Addition
NAME				_ 55,50	NAM	3					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP				—		-ST-ZIP					
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STREET ADDRESS					I.	EET ADORESS					
CITY-ST-ZEP					CRTY	-ST-ZIP					
TITLE		_*:		☐ Delete	गार		-		<u> </u>	☐ Change	Addition
NAME STREET ADDRESS					NAM SJBS	EET ADDRESS					
City-St-Zip					•	-81-13b					
11. Thereby	certify that the	e information supplied	with this	filing does not qualify to	the exe	motion stated in	Section 119.07	(3)(i), Florida Statutes. I	further certi	fy that the in	nformation
11. Thereby certify that the information supplied with this filling 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											r of the

SIGNATURE: The Solution of Significant Signature and types or printed name of Significant Manager, Manager, of Authorized Representative Date Depth Depth Phone #

FILED