


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000004626
 1. Entity Name
SERAPHIN LLC



Principal Place of Business 2112 NORTH 99 AVENUE SUITE 12 MIAMI, FL 33172	Mailing Address 2112 NORTH 99 AVENUE SUITE 12 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0818477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BARTHE, FREDERIC M ESQ.
 2455 E. SUNRISE BLVD.
 #602
 FORT LAUDERDALE, FL 33304**

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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2006

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLOT, KAREL 3144 SHERIDAN AVENUE MIAMI, FL 33172
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 04/25/06-80022-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **04/06/06 305 632 9911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #