

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009088

Entity Name: SERENGETI, LLC

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

5623 US HWY 19
201
PORT RICHEY, FL 34652

Current Mailing Address:

5623 US HWY 19
201
PORT RICHEY, FL 34652

New Principal Place of Business:

5623 US HWY 19
201
NEW PORT RICHEY, FL 34652

New Mailing Address:

P.O. BOX 670
PORT RICHEY, FL 34673 US

FEI Number: 59-3767117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLAGHER, CRAIG S
5623 US HWY 19
201
PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID W
5623 US HWY 19
201
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: DAVID W. WILLIAMS

04/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS, DAVID
Address: 5623 US HWY 19 # 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Delete
Name: BICZ, DANIEL
Address: 5623 US HWY 19 # 201
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEXINGTON HOMES INC.,
Address: 5623 US HWY 19 # 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID W. WILLIAMS

RA

04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date