FILED Apr 30, 2007 08:00 Al tate

ANNUAL REPORT				Secretary of St	
1. Entity Nam	MENT # L0300002 SENCY, LLC	25189			
Principal Place of Business 2950 S.W. 27TH AVENUE, SUITE 200 COCONUT GROVE, FL 33133 Mailing Address 2950 S.W. 27TH AVENUE, SUITE COCONUT GROVE, FL 33133				1 (4 8 10 11 11 11 11 11 11 11 11 11 11 11 11	01
				04182007No Chg-LLC CR:	2E083 (11/05)
· · · · · · D	O NOT WRIT	E IN THIS SPA	/CE	4. FEI Number 57-1179354	Applied For Not Applicable
* * * * * * * * * * * * * * * * * * * *	6. Name and Address of Curn	, , , , , , , , , , , , , , , , , , , ,		5. Certificate of Status Desired	Fee Required
2950 S.W. COCONU	UGH, BRIAN J 27TH AVENUE, SUITE 200 T GROVE, FL 33133 I damed party stamuts this statement of gistered agen	nt for the purpose of changing its regist		DO NOT WRIT	
	Signal remarks of the state of	19/20	J. Boggio tered Agent signature required	d when reinstaling) DAT	E
9.	MANAGING MEI	MBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM BOGGIO, LLOYD J 2950 SW 27TH AVE #200 MIAMI, FL 33133			U000007472 05/17/07-8001	84 9-009 55:00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRIT	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
STREET ADDRESS					

11. I hereby certify that the information supplied with bie-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 ny 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

Lloyd J. Boggio

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP