

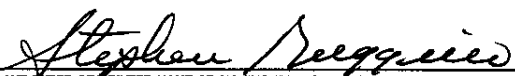


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90230 039 ****50.00

DOCUMENT # L03000028264			
1. Entity Name SER REAL ESTATE INVESTMENT, LLC			
Principal Place of Business 593 ROUNTREE DR. LONGBOAT KEY, FL 34228		Mailing Address P.O. BOX 3396 SARASOTA, FL 34230	
2. Principal Place of Business 1833 Laurel St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34236	Country US	Zip	Country
4. FEI Number 33-1066058		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		7. Name and Address of New Registered Agent	
RUGGIERO, STEPHEN E 660 N. OWL DR. SARASOTA, FL 34230		Name RUGGIERO, Stephen E. Street Address (P.O. Box Number is Not Acceptable) 1833 Laurel St. City SARASOTA FL Zip Code 34236	
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 1-3-04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUGGIERO, ROBIN B <input type="checkbox"/> Delete 593 ROUNTREE DR. LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1833 Laurel St SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUGGIERO, STEPHEN E <input type="checkbox"/> Delete 593 ROUNTREE DR. LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1833 Laurel St. SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 1-3-04 941 5862226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	