



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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|---|---|---|--|---|--|
| 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. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State SARASOTA FL | | City & State | | 4. FEI Number 33-1066058 | |
| Zip 34236 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RUGGIERO, STEPHEN E 660 N. OWL DR. SARASOTA, FL 34230 | | | | 7. Name and Address of New Registered Agent 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: <i>Stephen Ruggiero</i> DATE: 1-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 593 ROUNTREE DR. LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1833 Laurel St SARASOTA FL 34236 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUGGIERO, STEPHEN E 593 ROUNTREE DR. LONGBOAT KEY, FL 34228 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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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| 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: <i>Stephen Ruggiero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 1-3-04 941 5862226 <small>Date Daytime Phone #</small> | | |