

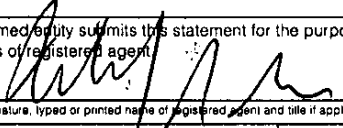
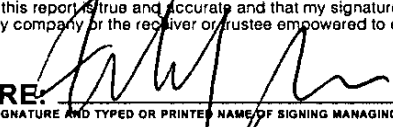


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90134 020 ****50.00

DOCUMENT # L03000031559 1. Entity Name LA SERENA LLC					
Principal Place of Business 3231 S.E. 52ND STREET OCALA, FL 34480			Mailing Address 3231 S.E. 52ND STREET OCALA, FL 34480		
2. Principal Place of Business 213 NW 4th Ave Suite, Apt. #, etc.		3. Mailing Address 213 NW 4th Ave Suite, Apt. #, etc.			
City & State Hallandale FL		City & State Hallandale, FL		4. FEI Number 16-1682182	
Zip 33009		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REINES, REBECCA 3231 S.E. 52ND STREET OCALA, FL 34480				7. Name and Address of New Registered Agent Name Michael Greco Street Address (P.O. Box Number is Not Acceptable) 213 NW 4th Ave City Hallandale FL Zip Code 33009	
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 1/18/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input checked="" type="checkbox"/> Delete NAME REINES, REBECCA STREET ADDRESS 3231 S.E. 52ND STREET CITY - ST - ZIP OCALA, FL 34480			TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Greco, Michael STREET ADDRESS 213 NW 4th Ave CITY - ST - ZIP Hallandale, FL 33009		
TITLE MGR <input type="checkbox"/> Delete NAME Greco, Michael STREET ADDRESS 213 NW 4th Ave CITY - ST - ZIP Hallandale, FL 33009			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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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  DATE 1/18/06 Daytime Phone # 954 458-1010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					