2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# L03000034905

Entity Name: SERENO POINTE, L.L.C.

Current Principal Place of Business:

4317 LANDMARK DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

4317 LANDMARK DRIVE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-0715678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCRUGGS, ANTHONY K
4317 LANDMARK DRIVE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: POTEET, ANTHONY R
Address: 5605 BARNA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM ( ) Delete
Name: NEAL, MICHELLE G
Address: 5605 BARNA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Delete
Name: SCRUGGS, ANTHONY K
Address: 4317 LANDMARK DRIVE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SCRUGGS, ANTHONY K
Address: 4317 LANDMARK DRIVE
City-St-Zip: ORLANDO, FL 32817

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELLE G. NEAL MGRM 08/06/2008

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