


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90139 007 \*\*\*\*50.00

<b>DOCUMENT # L03000040446</b> 1. Entity Name <b>PONDELLA SERENITY COURT LLC</b>					
Principal Place of Business <b>3407 SW 5TH PLACE CAPE CORAL, FL 33914</b>				Mailing Address <b>3407 SW 5TH PLACE CAPE CORAL, FL 33914</b>	
2. Principal Place of Business <b>1925 NE 6th street</b> Suite, Apt. #, etc.				3. Mailing Address <b>1925 NE 6th street</b> Suite, Apt. #, etc.	
City & State <b>Cape Coral, FL</b> Zip <b>33909</b>		City & State <b>Cape Coral, FL</b> Zip <b>33909</b>		4. FEI Number <b>03-0534479</b>	
Country <b>Lee</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>OSSELIN, MARIE YOLETTE 3407 SW 5TH PLACE CAPE CORAL, FL 33914</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Marie Yvette Osselin</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>08-26-04</b>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Manager	Yvette M. Osselin	3407 SW 5TH PL, Cape Coral FL 33914		
	Managing Member	Marcel Osselin	3407 SW 5TH PLACE Cape Coral, FL 33914		
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>Marie Yvette Osselin</i>				Date <b>9/13/04</b>	

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