2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Saguetawy of St		
DOGU 1. Entity Nam	MENT # L03000040	446			Secretary of S	
PONDEL	LA SERENITY COURT LLC	;				
Principal Plac	e of Business	Mailing Address	1	1		
1923 NE 6TI CAPE CORAL	H ST	1923 NE 6TH ST CAPE CORAL, FL 33909				
DO NOT WRITE IN THIS SPACE				04022008 No Chg-LLC CR2E083 (12/07)		
			CE	4. FEI Number 03-0534479	Applied For Not Applicable	
			· p	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	-			
OSSELIN, MARIE YOLETTE 3407 SW 5TH PLACE CAPE CORAL, FL 33914				DO NOT W		
				IN THIS SP	ACE	
	named entity submits this statement folions of registered agent.	r the purpose of changing its register	red office or register	ed agent, or both, in the State of Flo		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register)	ed Agent signature required	d when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U0000 64719700	0885743 90026-017 138 75		
9.	MANAGING MEMBE	RS/MANAGERS			· · · · · · · · · · · · · · · · · · ·	
TITLE	MGR					
NAME	OSSELIN, YOLETTE M					
STREET ADDRESS CITY - ST - ZIP	3407 SW 5TH PLACE CAPE CORAL, FL 33914					
TITLE	MGRM					
NAME	OSSELIN, MARCIAL					
STREET ADDRESS	3407 SW 5TH PLACE					
CITY-SI-ZIP	CAPE CORAL, FL 33914		4			
TITLE NAME						
STREET ADDRESS				DO NOT W	DITE	
CITY-ST-ZIP	,		i .	DO NOT W	KIIE	
TITLE			1	IN THIS SF	PACE	
NAME					AVL	
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CITY-ST-ZIP			-1			
TITLE						
NAME STREET ADDRESS						

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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS

April od, 2008

239 242 0597

Daytime Phone #