

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90020 021 \*\*\*\*50.00

<b>DOCUMENT # L03000043031</b>					
<b>1. Entity Name</b> THE SERENOA GROUP, L.L.C.					
<b>Principal Place of Business</b> 107 SEA CLIFF DRIVE PORT ST. JOE, FL 32456			<b>Mailing Address</b> 107 SEA CLIFF DRIVE PORT ST. JOE, FL 32456		
<b>2. Principal Place of Business</b> 2108 JUNIPER AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2108 JUNIPER AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT ST. JOE		<b>City &amp; State</b> PORT ST. JOE		<b>4. FEI Number</b> 35-2221597	
<b>Zip</b> FL		<b>Country</b> 32456		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WHITE, RICHARD P 107 SEA CLIFF DRIVE PORT ST. JOE, FL 32456			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2108 JUNIPER AVENUE City <b>PORT ST. JOE</b> <b>FL</b> Zip Code <b>32456</b>		
<b>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.</b> SIGNATURE <u>RICK WHITE</u> <u>4-11-5</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> WHITE, RICHARD PAUL 107 SEA CLIFF DR PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2108 JUNIPER AVENUE PORT ST JOE, FL 32456	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> WHITE, ANGELA 107 SEA CLIFF DR PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	2108 JUNIPER AVENUE PORT ST JOE FL 32456	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE: RICK WHITE</b>			<b>4-11-5</b> <b>850.627.4207</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		