2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000000962

Entity Name: SERIO LAND HOLDINGS, L.C.

Current Principal Place of Business:

1188 ENTERPRISE DRIVE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

1188 ENTERPRISE DRIVE #2
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1188 ENTERPRISE DRIVE
PORT CHARLOTTE, FL 33953

New Mailing Address:

1188 ENTERPRISE DRIVE #2
PORT CHARLOTTE, FL 33953

FEI Number: 20-0931897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ
407 EAST MARION AVENUE, SUITE 101
PUNTA GORDA, FL 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: SERIO, KENNETH
Address: 1188 ENTERPRISE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGR ( ) Delete
Name: SERIO, PAT
Address: 1188 ENTERPRISE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SERIO, KENNETH
Address: 1188 ENTERPRISE DRIVE #2
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGR (X) Change ( ) Addition
Name: SERIO, PAT
Address: 1188 ENTERPRISE DRIVE #2
City-St-Zip: PORT CHARLOTTE, FL 33953

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: PATRICIA SERIO MGR 04/09/2009

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