

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021661

FILED
Jul 19, 2005
Secretary of State

Entity Name: SERENGETI PROPERTIES, LLC

Current Principal Place of Business:

725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

790 SUMMA AVENUE
WESTBURY, FL 11590

Current Mailing Address:

725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803

New Mailing Address:

790 SUMMA AVENUE
WESTBURY, FL 11590

FEI Number: 20-3167396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JAFFER, SADIQUE M
Address: 790 SUMMA AVENUE
City-St-Zip: WESTBURY, NY 11590 US

Title: M () Change (X) Addition
Name: JAFFER, MOHAMMEDTAKI
Address: 1738 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SADIQUE M JAFFER

MGRM

07/19/2005

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