
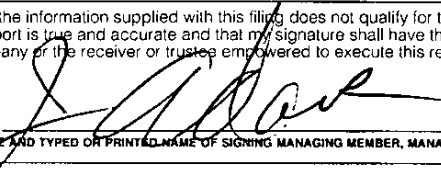


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90120 026 ****50.00

DOCUMENT # L04000044857 1. Entity Name SERENOA LLC					
Principal Place of Business 223 PERUVIAN AVENUE PALM BEACH, FL 33480			Mailing Address 223 PERUVIAN AVENUE PALM BEACH, FL 33480		
2. Principal Place of Business 126 43rd Ave SW Suite, Apt. #, etc.		3. Mailing Address 126 43rd Ave SW Suite, Apt. #, etc.			
City & State Vero Beach, FL Zip 32968 Country United States		City & State Vero Beach, FL Zip 32968 Country United States		4. FEI Number 20-1246248	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROBERG, PETER S 223 PERUVIAN AVENUE PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Patricia Ward-Holder <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Patricia Ward-Holder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 217 Peruvian Ave, Ste 2 West Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Adams, Trustee 126 43rd Ave SW Vero Beach FL 32968		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Southern Investments, Inc 126 43rd Ave SW Vero Beach, FL 32968		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  3/24/5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					