

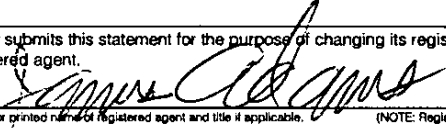
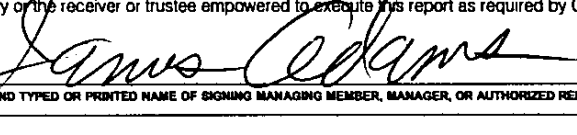


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90203 006 ****50.00

DOCUMENT # L04000044857 1. Entity Name SERENOA LLC			
Principal Place of Business 126 43RD AVENUE SOUTHWEST VERO BEACH, FL 32968 US		Mailing Address 126 43RD AVENUE SOUTHWEST VERO BEACH, FL 32968 US	
2. Principal Place of Business 1910 82nd Ave Suite, Apt. #, etc. Ste 202 City & State Vero Beach, FL Zip 32916 Country Indian River		3. Mailing Address 1910 82nd Ave Suite, Apt. #, etc. Ste 202 City & State Vero Beach, FL Zip 32916 Country Indian River	
			
		02012006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-1246248		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 James Adams Street Address (P.O. Box Number is Not Acceptable) 1910 82nd Ave, Ste 202 City Vero Beach FL Zip Code 32916	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM	TITLE	
NAME	WARD-HOLDER, PATRICIA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	217 PERUVIAN AVENUE SUITE 2	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33480	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	TRG	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES	NAME	
STREET ADDRESS	126 43RD AVENUE SOUTHWEST	STREET ADDRESS	1910 82nd Ave, Ste 202
CITY-ST-ZIP	VERO BEACH, FL 32968	CITY-ST-ZIP	Vero Beach, FL 32916
	<input type="checkbox"/> Delete		
TITLE	MGRM	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN INVESTMENTS, INC.	NAME	
STREET ADDRESS	126 43RD AVENUE SOUTHWEST	STREET ADDRESS	1910 82nd Ave, Ste 202
CITY-ST-ZIP	VERO BEACH, FL 32968	CITY-ST-ZIP	Vero Beach, FL 32916
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
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 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:  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			