2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

DOCUMENT # L04000044857 1. Entity Name SERENOA LLC					06 SEP 11 AM 10: 43	
Principal Place of Business		Mailing Address		-		
1910 82ND AVE STE 202 VERO BEACH, FL 32966 US		1910 82ND AVE STE 202 VERO BEACH, FL 32966 US				
2. Principal P	face of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08142006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			4. FEI Number Applied For 20-1246248 Not Applicable	
Zip Country		Zip Country .			5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
ADAMS, J					1000	
	O AVE STE 202 ACH, FL 32966	Street Address		Acidress ((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						
Amended AR is \$50.00					Make check payable to Florida Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE NAME	TRG ADAMS, JAMES	☐ Defete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1910 82ND AVE STE 202 VERO BEACH, FL 32966		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM SOUTHERN INVESTMENTS, INC 1910 82ND AVE STE 202 VERO BEACH, FL 32966	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cour	othern Investments of Indian Piver	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 .	co Beach, FL 32966 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition 900079879789 09/15/0601045002 **50.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filling 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 of nustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Out Desytime Priore #						