2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044857

1. Entity Name SERENOA LLC

Principal Place of Business

1910 82ND AVE STE 202 VERO BEACH, FL 32966 US Mailing Address

1910 82ND AVE STE 202 VERO BEACH, FL 32966

US

FILED Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90173 046 ***138.75



DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	Applied For	
20-1246248	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

-6." Name and Address of Current Registered Agent

ADAMS, JAMES 1910 82ND AVE STE 202 VERO BEACH, FL 32966

DO NOT WRITE IN THIS SPACE;

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE	NOWII! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	THE PART OF THE PARTY OF THE PA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRG ADAMS, JAMES 1910 82ND AVE STE 202 VERO BEACH, FL 32966				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN INVESTMENTS OF INDIAN RIVER COU 1910 82ND AVE STE 202 VERO BEACH, FL 32966	INT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #