


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054701 1. Entity Name SERENITY BAY, LLC						FILED 2005 MAY 23 PM 1:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10562 RIVERSIDE ROAD PORT CHARLOTTE, FL 33981				Mailing Address 10562 RIVERSIDE ROAD PORT CHARLOTTE, FL 33981			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BARBIC, DON 10562 RIVERSIDE ROAD PORT CHARLOTTE, FL 33981				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500052916825 05/25/05--01017--003 **40.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBIC, DON 10562 RIVERSIDE ROAD PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWELL, DAVID 159 HARBOUR PASSAGE HILTON HEAD ISLAND, SC 29926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARNES, SUSAN RENE 604 8TH ST. SW CONOVER, NC 28613 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASS, TOREY 58 WEXFORD ON THE GREEN HILTON HEAD ISLAND, SC 29928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEFRANE, DUKE M 710 ZUESWYNN DRIVE CULPEPPER, VA 22701 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBIC, JEFFERY D 25 ENSIS RD HILTON HEAD ISLAND, SC 29928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLYCK, STEVEN M 17281 BUCKTHORN DR CHARGIN FALLS, OH 44023 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODKIN, THOMAS 11455 EAST 166ST NORTHESVILLE, IN 46061 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTELHANO, DEAN 2 CHERRY HILL LANE HILTON HEAD, SC 29926 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBIC, BRETT KAISTIAN 10562 RIVERSIDE RD PORT CHARLOTTE FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5115105-01044-001-1510.00 500052916825 <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: <i>[Signature]</i> DON BARBIC				5-19-05 941-662-5543			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							