

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90242 018 \*\*\*\*50.00

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|  |   |                |   |   |          |
|--|---|----------------|---|---|----------|
| <b>DOCUMENT # L04000054701</b>   |   |                |   |   |          |
| 1. Entity Name<br><b>SERENITY BAY, LLC</b>   |   |                |   |   |          |
| Principal Place of Business<br><b>10562 RIVERSIDE ROAD<br/>PORT CHARLOTTE, FL 33981</b>  |   |                | Mailing Address<br><b>10562 RIVERSIDE ROAD<br/>PORT CHARLOTTE, FL 33981</b> |   |          |
| 2. Principal Place of Business   |   |                | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.  |   |                | Suite, Apt. #, etc.   |   |          |
| City & State   |   |                | City & State  |   |          |
| Zip  | Country   | Zip            | Country   | 4. FEI Number<br><b>77-0642221</b>  |          |
|  |   |                |   | Applied For<br><input type="checkbox"/> Not Applicable  |          |
|  |   |                |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent  |   |                |   | 7. Name and Address of New Registered Agent   |          |
| <b>BARBIC, DON —<br/>10562 RIVERSIDE ROAD<br/>PORT CHARLOTTE, FL 33981</b>   |   |                |   | Name  |          |
|  |   |                |   | Street Address (P.O. Box Number is Not Acceptable)  |          |
|  |   |                |   | City  |          |
|  |   |                |   | <b>FL</b>   | 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 _____  |   |                |   |   |          |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |   |                | <b>Make check payable to<br/>Florida Department of State</b>                |   |          |
| 9. MANAGING MEMBERS/MANAGERS   |   |                | 10. ADDITIONS/CHANGES   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete            | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>BARBIC, DON</b>                              | NAME           |   |   |          |
| STREET ADDRESS   | <b>10562 RIVERSIDE ROAD</b>                     | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>PORT CHARLOTTE, FL 33981</b>                 | CITY-ST-ZIP    |   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete            | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>DEFRANE, DUKE M</b>                          | NAME           |   |   |          |
| STREET ADDRESS   | <b>710 ZUESWYNN DRIVE</b>                       | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>CULPEPPER, VA 22701</b>                      | CITY-ST-ZIP    |   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete            | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>BILICK, STEVEN M</b>                         | NAME           |   |   |          |
| STREET ADDRESS   | <b>17281 BUCKTHORN DR</b>                       | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>CHARGIN FALLS, OH 44023</b>                  | CITY-ST-ZIP    |   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete            | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>CASTELHANO, DEAN</b>                         | NAME           |   |   |          |
| STREET ADDRESS   | <b>2 CHERRY HILL LANE</b>                       | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>HILTON HEAD, SC 29926</b>                    | CITY-ST-ZIP    |   |   |          |
| TITLE  | MGRM <input checked="" type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>KRISTIAN BARBIC, BRETT</b>                   | NAME           |   |   |          |
| STREET ADDRESS   | <b>10562 RIVERSIDE ROAD</b>                     | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>PORT CHARLOTTE, FL 33981</b>                 | CITY-ST-ZIP    |   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete            | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |   |          |
| NAME   | <b>CROWELL, DAVID</b>                           | NAME           |   |   |          |
| STREET ADDRESS   | <b>159 HARBOUR PASSAGE</b>                      | STREET ADDRESS |   |   |          |
| CITY-ST-ZIP  | <b>HILTON HEAD ISLAND, SC 29926</b>             | 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                |   |   |          |
| SIGNATURE: <i>[Signature]</i> <b>DON BARBIC</b>  |   |                |   | Date <b>7-12-06</b> Daytime Phone # <b>941-662-5543</b>   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                |   |   |          |