2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State
04-12-2006 90022 022 ****50.00

DOCUMENT # L05000021991

1. Entity Name
SENE INVESTMENTS LLC

Principal Place of Business	Mailing Address
12609 52ND ROAD NO. ROYAL PALM BEACH FL 33411	12609 52ND ROAD NO. ROYAL PALM BEACH FL 33411

1st MOORE CR2E053 (10/05)

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 20-2518688 — Applied For / Not Applicable

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
HAMILTON, EVELYN 5700 LAKE WORTH RD, #311-5 GREENACRES BEACH FL 33463	Name: Fox, M Lanning Street Address (P.O. Box Number is Not Acceptable): 1100 South Federal Highway City: Stuart FL Zip Code: 34994

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, my position as registered agent.

SIGNATURE: MLANNING FOX Date: 3/31/06
(Signature, Typed or Printed Name of Registered Agent and Date required. NOTE: Registered Agent's signature required when changing.)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE Single Member MGMR ☐ Delete NAME John S. Morales PRESIDENT STREET ADDRESS 12609 52nd Road CITY-ST-ZIP N. Royal Palm Beach, FL 33411	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME Elizabeth R. Morales V. President STREET ADDRESS 12609 52nd Road CITY-ST-ZIP N. Royal Palm Beach, FL 33411	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME As Tenants by the Entirety STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition 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 Section 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 605, Florida Statutes.

SIGNATURE: Elizabeth Morales 4/03/06 5612620810
(SIGNATURE AND TYPED OR PRINTED NAME OF A MEMBER, MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE) (Date) (Telephone Number)