

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036833
 1. Entity Name
 SERENOA LLC



Principal Place of Business: 225 NEW MARKET ROAD, IMMOKALEE, FL 34142
 Mailing Address: PO BOX 760, FELDA, FL 33930

DO NOT WRITE IN THIS SPACE



02052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1248429	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BIGEISEN, STANLEY
 20280 CALICE COURT
 #903
 ESTERO, FL 33928

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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 _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SRB TRADING, INC. 20280 CALICE COURT, #903 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATURAL MEDICINALS, INC. 450 CHURCH ROAD FELDA, FL 33930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENATUS, BENET 1013 MADISON AVE. IMMOKALEE, FL 34132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUE, TILOR 10641 BAYTREE COURT LEHIGH ACRES, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, RONNIE 655 MUSCOGEE DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/07-80062-012 50.00

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: *Stan Bigeisen* 2/5/07 562-719-9544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #