

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108907

FILED
Apr 30, 2008
Secretary of State

Entity Name: SERENITY COVE RESORT, LLC

Current Principal Place of Business:

1851 N.W. 125TH AVENUE
SUITE 300
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

1806 N FLAMINGO ROAD
SUITE 300
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

1851 N.W. 125TH AVENUE
SUITE 300
PEMBROKE PINES, FL 33028 US

New Mailing Address:

1806 N FLAMINGO ROAD
SUITE 300
PEMBROKE PINES, FL 33028 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEGALL, SANDY S
1851 N.W. 125TH AVENUE
SUITE 300
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SEGALL, SANDY S
1806 N FLAMINGO ROAD
SUITE 300
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: SANDY S SEGALL

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SERENITY COVE RESORT, , INC.
Address: 1851 N.W. 125TH AVENUE, SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SERENITY COVE RESORT, , INC.
Address: 1806 N FLAMINGO ROAD, SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN WARTMAN

D

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date