2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000045490_

1. Entity Name SERENE WAY, LLC



FILED Jun 13, 2008 08:00 AM Secretary of State

Principal Place of Business

1121 NW 6TH STREET GAINESVILLE, FL 32601 Mailing Address

1259 NW 60TH STREET GAINESVILLE, FL 32605



06122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1167301 Applied For Not Applicable

5. Certificate of Status Desired

lpha

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HU, KEHUA MGRM 1259 NW 60TH STREET GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HU, BYRON 1259 NW 60TH STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HU, KEHUA 1259 NW 60TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM LI, LUCY Y 1259 NW 60TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,

DO NOT WRITE IN THIS SPACE

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: Los La (KEHWA HU)

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-1-08

352-665-6699

Date

Daylime Phone #