


FILED
May 24, 2007 8:00 am
Secretary of State

04-09-2007 90343 016 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/4

DOCUMENT # L06000051098 1. Entity Name SERLEY ASSOCIATES, LLC		
Principal Place of Business 2112 STALLION RD. CANTONMENT, FL 32533 US		Mailing Address 2112 STALLION RD. CANTONMENT, FL 32533 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country
4. FEI Number 20-4917972		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
01162007 Chg-LLC CR2E083 (12/06)		
30008753		
6. Name and Address of Current Registered Agent SERLEY, MARK 2112 STALLION RD. CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent (if not applicable) DATE</small>		<small>NOTE: Registered Agent signature required when necessary</small>
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	OWNER / OPERATOR MARK SERLEY 2112 STALLION RD CANTONMENT FL 32533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	MANAGER MARK SERLEY 2112 STALLION RD CANTONMENT FL 32533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mark Serley</u>		Date: <u>3-29-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>