

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 047 ***143.75

DOCUMENT # L06000064568	
1. Entity Name SERRANO CAPITAL, L.L.C.	



Principal Place of Business 5013 EDGEWATER DRIVE ORLANDO, FL 32810 US	Mailing Address 5013 EDGEWATER DRIVE ORLANDO, FL 32810 US
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60000000

2. Principal Place of Business - No P.O. Box # 635 W. Michigan St.	3. Mailing Address 635 W. Michigan St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02192008 Chg-LLC CR2E083 (12/06)

City & State Orlando, FL	City & State Orlando, FL
Zip 32805	Zip 32805
Country USA	Country USA

4. FEI Number 20-5104823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Victor Martin Effron Street Address (P.O. Box Number is Not Acceptable) 635 W. Michigan St. City Orlando FL Zip Code 32805
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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	DATE

FILE NOW!!! FEE IS \$138.75 + \$143.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EFFRON, LOUIS R 5013 EDGEWATER DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EFFRON, MARTIN V 4352 TIDEWATER DRIVE ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:	Date 2/19/08 Daytime Phone # 407-426-7674 x7507