

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001530

FILED
Apr 04, 2008
Secretary of State

Entity Name: SERIESSSE INTERNATIONAL LLC

Current Principal Place of Business:

3600 COMMERCE BLVD., SUITE 200
KISSIMMEE, FL

New Principal Place of Business:

3600 COMMERCE BLVD., SUITE 200
KISSIMMEE, FL 347414678

Current Mailing Address:

3600 COMMERCE BLVD., SUITE 200
KISSIMMEE, FL

New Mailing Address:

3600 COMMERCE BLVD., SUITE 200
KISSIMMEE, FL 347414678

FEI Number: 20-5770726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMONE, GEORGE
Address: 3600 COMMERCE BLVD., SUITE 200
City-St-Zip: KISSIMMEE, FL

Title: MGR () Delete
Name: LOVELL, WILLIAM
Address: 3600 COMMERCE BLVD., SUITE 200
City-St-Zip: KISSIMMEE, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMONE, GEORGE
Address: 3600 COMMERCE BLVD., SUITE 200
City-St-Zip: KISSIMMEE, FL 347414678

Title: MGR (X) Change () Addition
Name: LOVELL, WILLIAM
Address: 3600 COMMERCE BLVD., SUITE 200
City-St-Zip: KISSIMMEE, FL 347414678

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: WILLIAM LOVELL

MGR

04/04/2008

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