

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030869

FILED
Jan 10, 2007
Secretary of State

Entity Name: SERR, LLC

Current Principal Place of Business:

5860 NW 44TH STREET, APT. 803
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

5860 NW 44TH STREET, APT. 803
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-1161100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: V () Delete
Name: WALTON, ELLEN
Address: 5860 NW 44TH STREET #803
City-St-Zip: LAUDERHILL, FL 33319

Title: S () Delete
Name: WALTON, ELLEN
Address: 5860 NW 44TH STREET #803
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALTON, ELLEN
Address: 5860 NW 44TH STREET #803
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR (X) Change () Addition
Name: WALTON, STEVEN
Address: 5860 NW 44TH STREET #803
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN WALTON

MGR

01/10/2007

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