

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010304

Entity Name
SOMERS INVESTMENTS, L.C.



Principal Place of Business

6353 U.S. 27 SOUTH
SEBRING, FL 33876

Mailing Address

6353 U.S. 27 SOUTH
SEBRING, FL 33876

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMERS, JAMES E
8353 U.S. 27 SOUTH
SEBRING, FL

**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 releasing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000182178
01/19/05-00016-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM SOMERS, JAMES E
STREET ADDRESS CITY-STATE-ZIP	140 LAGONI LANE LAKE PLACID, FL 33852
TITLE NAME	MGRM SOMERS, ANITA M
STREET ADDRESS CITY-STATE-ZIP	140 LAGONI LANE LAKE PLACID, FL 33852
TITLE NAME	
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	
STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James E Somers MGR.

1-13-05

863-385-0600

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

Date

Daytime Phone #

JAMES E. SOMERS