## 2006 LIMITED LIABILITY, COMPANY **ANNUAL REPORT**

**DOCUMENT # L00000010304** 

6353 U.S. 27 SOUTH

SEBRING, FL 33876

SOMERS INVESTMENTS, L.C.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

6353 U.S. 27 SOUTH

SEBRING, FL 33876

**FILED** Jan 18, 2006 08:00 AM **Secretary of State** 



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Appro Not A

5. Certificate of Status Desired

\$5.00 Addition X

Fee Required

6. Name and Address of Current Registered Agent

SOMERS, JAMES E 6353 U.S. 27 SOUTH SEBRING, FL

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of tions of edistered agent	changing its registered office or	registered agent, or both, in the Stat	e of Florida. I am femiliar with, as
SIGNATURE.	James & Sames	MUR		1-12-04
	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signatu	re required when reinstating)	DATE
Đ	iling Fee is \$50.00 ue by May 1, 2006			
S.	MANAGING MEMBERS/MANAGER	3	<del>/</del>	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERS, JAMES E 140 LAGONI LANE LAKE PLACID, FL 33852		(Kirring),339 (14.)	
DILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERS, ANITA M 140 LAGONI LANE LAKE PLACID, FL 33852		91/ <i>23/9</i> 6-t	90014-022 \$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CRY-ST-ZIP

1-11-06