FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90899 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY - ST - ZIP TITLE MGRM SOMERSET GOLF GROUP, LLC STREET ADDRESS CITY - ST - ZIP TITLE NAME SOMERSET GOLF GROUP, LLC STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	1. Entity Nam	MENT # L020000068 BEDINGS, LLC	302	V						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Apt. #	4611 HIGEL	AVE.	4611 HIGEL AVE.			-				
City & State City & State City & State City & State A. FELLUNDER SAUD Additional Not Applicable	2. Principal F	Place of Business	3. Malling Address							
Stop Country Zip Country S. Certificate of Status Desired S.D. Additional Stop	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			() [CHECK HERE I	MAKING	CHANGES	;
2p Country 7p Country 8. Centificate of Status Desired \$5.00 Addronal Froe Required Registered Agent	City & Stat	le	City & State			4. FELVIUMber	632693			`
REWEIT, DANIEL L Street Andress of New Registered Agent	Z)p	Country	Zip	Coun	try	5. Certificate o	f Status Desired		5.00 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable) City		_6. Name and Address of Current F	Registered Agent			∞7.∍Name and A	Iddress of New Re			
City				ļ		BO Day Nove have				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU				ı	Street Address (P.O. BOX NUMBER	IS NOT Acceptable)			
The colligations of registered agent. Signature Trick Synature Syn				i,	City			FL	Zip Cod	 le
Sprawer, typed or primete served of expiritional sugars and the flag shock and in type to primete served of expiritional sugars and the sugar and the sugars and the sugar and the s	8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing i	ts registere	ed office or register	ed agent, or both,	in the State of Flori	da. I am fa	miliar with,	and accept
MANAGING MEMBERS/MANAGERS MEMBER ADDRESS MITTEL MARE MARE MARE MARE MARE MARE MARE MARE	SIGNATURE .	Signature, typed or primed name of registered agent at	nd tille if applicable, (NC	OTE: Registered	i Agent signature required	when reinstating)		DATE		
MGRM DLC INVESTMENTS, LLC STREET ADDRESS CITY-ST-2IP SARASOTA, PL 34242 CITY-ST-2IP SARASOTA,	7		Make Check Paya	ble to Fig	orida Departmen	t of State				
AME SIMET ADDRESS OTY-S1-2IP DEC INVESTMENTS, LLC SARASOTA, FL 34242 TITLE MARE SOMERSET GOLF GROUP, LLC INDEL MARE SOMERSET GOLF GROUP, LLC INDEL MARE SOMERSET GOLF GROUP, LLC INDEL MARE STREET ADDRESS OTY-S1-2IP TITLE).		RS/MANAGERS	10.			ADDITIONS/C	HANGES		
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TITLE AME AME STREET ADDRESS CITY-ST-ZIP I.1. 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	IAME		☐ Delete	NAME				[Change	Addition
City-st-zip City-	TITLE KAME		☐ Delete	TITLE NAME		<u>, , , , , , , , , , , , , , , , , , , </u>		[Change	☐ Addition
$\sim \mathcal{N} $	TY-ST-ZIP 1. I hereby c indicated	on this report is true and accurate and the	hatmy signature shall have	or the exent	st-ziP inption stated in Seclegal effect as if m	ade under oath; ti	nat I am a managin	urther certify g member	/ that the in or manage	iformation r of the