

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90101 042 ****50.00

0055346

DOCUMENT # L02000011937

1. Entity Name
SOMERSET REALTY, LLC



Principal Place of Business
**1750 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

Mailing Address
**P.O. BOX 5403
FORT LAUDERDALE FL 33310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1149539

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SOMERSTEIN, BARRY E
200 EAST BROWARD BOULEVARD, 18TH FLOOR
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Gilbert, Glen R.**
Street Address (P.O. Box Number is Not Acceptable)
**1750 East Sunrise Blvd.
3RD Floor**
City **Ft. Lauderdale** **FL** Zip Code **33304**

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 reinstating)

DATE

4/20/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **Core Communities, LLC**
STREET ADDRESS **1750 East Sunrise Blvd.**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Core Communities, LLC**
STREET ADDRESS **1750 East Sunrise Blvd.**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

GLEN R. GILBERT

Executive Vice President

SIGNATURE:

SIGNATURE

4/20/2003

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

Date

Daytime Phone #

CR2E083 (10/02)