

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90101 043 ****50.00

DOCUMENT # L02000011939

1. Entity Name
SOMERSET TITLE, LLC



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

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

30062408



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1549797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOMERSTEIN, BARRY E
200 EAST BROWARD BOULEVARD, 18TH FLOOR
FORT LAUDERDALE FL 33302**

Name **Gilbert, Glen R.**
Street Address (P.O. Box Number is Not Acceptable)
**1750 East Sunrise Blvd
3RD Floor**
City **Fort 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
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CITY-ST-ZIP

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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.

SIGNATURE: **GLEN R. GILBERT**
Executive Vice President

DATE **4/20/2003**

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

Daytime Phone #

CR2E083 (10/02)