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Aug 23, 2004 8:00 am
Secretary of State
05-05-2004 90012 007 ***150.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046281

1. Entity Name
SOMERSET BAY 5-6, LLC

34010012

Principal Place of Business	Mailing Address
4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935	4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935

04152004 Chg-LLC CR2E069 (10/03)

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: 20-BC7903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD. STE 505
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE

Filing Fee is $550.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGERS, MEMBERS, MANAGERS	10. ADDITIONS/CHANGES
TITLE MGR/MBR NAME John Genoni, Sr STREET ADDRESS 4760 N. Harbor City Blvd. CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete	☐ Change ☐ Addition
TITLE MGR/MBR NAME John Genoni, Jr. STREET ADDRESS 4760 N. Harbor City Blvd. CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete	☐ Change ☐ Addition
TITLE MGR/MBR NAME Charles B. Genoni STREET ADDRESS 4760 N. Harbor City Blvd. CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: _____ 4/15/04
SIGNATURE AND TITLE OF MEMBER OR MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #