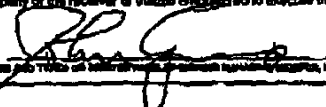


FILED
Aug 23, 2004 8:00 am
Secretary of State

05-05-2004 90012 007 ***150.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000046281			
1. Entity Name SOMERSET BAY S-B, LLC			
Principal Place of Business 4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935		Mailing Address 4760 N. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32935	
2. Principal Place of Business		3. Mailing Address	
Date, Apt. #, etc.		Date, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-157903		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESE, GARY B 530 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, if both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, Title or Private Name of Registered Agent and Fee Payer Date			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGERS/MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/MBR John Genoni, Sr. 4760 N. Harbor City Blvd. Melbourne, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/MBR John Genoni, Jr. 4760 N. Harbor City Blvd. Melbourne, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/MBR Charles B. Genoni 4760 N. Harbor City Blvd. Melbourne, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Info
11. I hereby certify that the information supplied with this filing complies with the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, and 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: 		Date: 4/15/04	

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