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From: **Somer Properties LLC**

Date: April 3, 2004

Div of Corporations:

PLEASE NOTE: the MAILING ADDRESS of Somer Properties LLC has also changed:

Old mailing address: 5721 Timber Lake Circle

Sarasota, FL 34243

New mailing address: PMB#318

6312 US Hwy 301 N Ellenton, FL 34222

Thomas A. Hearn, Registered Agent

Somer Properties LLC

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SOMER PROPER TIE	
2. The mailing address of the limited liability company is: 5721 Timbe	r Lake Circle.
Sarasota, FL 34243	•
March 3, 2004 L040000	17032
3. Date of filing/registration in Florida 4. Document numb	er
5. The name of the registered agent and the registered office address as shown on Florida Department of State: Thomas A. Hearn Same Lake Circle Address Sarasota, FL 34243 City, State and Zip 6. The name and address of the new registered agent and/or office: This is Thomas A. Hearn, Somer Proper 9/12 63rd Court East Florida street address (P.O. Box NOT acceptable)	also the LLC addre.
PARRISH, FL 34219 City, State and Zip	The state of the s
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the articular the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the registered office
Thomas A. Hearn (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in very significant of Registered Agent)	icity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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