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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017032 1. Entity Name
SOMER PROPERTIES, LLC 30010536 Mailing Address Principal Place of Business 5721 TIMBER LAKE CIRCLE PMB #318, 6312 US HWY 301 N SARASOTA, FL 34243 US ELLENTON, FL 34222 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 06152005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For Mot Applicable Zip Zin Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEARN, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 9112 63RD COURT EAST PARRISH, FL 34219 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee Is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Addition ☐ Delete Channe HEARN, THOMAS A HALLE HALE 5721 TIMBER LAKE CIRCLE STREET ADDRESS STREET ADDRESS C11Y-\$1-ZIP SARASOTA, FL 34243 CITY-ST-7/P Delete TITLE Change Addition me NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY - ST - 719 Delete TITLE ☐ Addition TITLE Change NUE NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-51-71P TITLE Deleta TITLE Change Addition NAME STREET ADDRESS STREET ABONESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-Z3P 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is inue and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability coppany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

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