

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038757

FILED  
May 01, 2007  
Secretary of State

Entity Name: SOM DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

14505 GULF BLVD.  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

14505 GULF BLVD.  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 20-1149000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARTIN, JOHN P PA  
401 SOUTH LINCOLN AVENUE  
CLEARWATER, FL 33756 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARKLEY, CHARLES D  
Address: 14505 GULF BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: MGRM ( ) Delete  
Name: WHITE, CARL B  
Address: 14505 GULF BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES DENNIS MARKLEY

MGMR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date