2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# L05000077598

Entity Name: SOMERSET DEVELOPERS, L.L.C.

Current Principal Place of Business:

700 WEST MORSE BLVD.
220
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4961
ORLANDO, FL 32802

New Mailing Address:

P.O. BOX 941688
MAITLAND, FL 327941688

FEI Number: 20-3954530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

REGISTERED AGENT GROUP, LLC
1551 SANDSPUR ROAD
MAITLAND, FL 32751 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: SARAH SCHWEMIN 04/25/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOODY, TRICIA
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: GINSBURG, ALAN H
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: MISSIGMAN, PAUL M
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: SCIARRINO, MICHAEL J
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: PRICE, DEAN
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 Statues.

SIGNATURE: PAUL M. MISSIGMAN MGR 04/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date