

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # L99000006955

1. Entity Name
SOMERSET DEVELOPMENT GROUP, L.L.C.



Principal Place of Business

**789 DUQUE RD
LUTZ, FL 33549**

Mailing Address

**789 DUQUE RD
LUTZ, FL 33549**



05032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3609728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAETANO, JOSEPH P
16037 TAMPA PALMS BLVD W
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

8. 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
THERIAULT, JANE
789 DUQUE RD
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BEACH, COLIN
7112 WAREHAM DR
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CAETANO, JOSEPH P
17202 TELENCE CT
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000772287
08/17/07-80007-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature and typed or printed name of signing managing member, or authorized representative

8/14/07

Date

Daytime Phone #