

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006955

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** SOMERSET DEVELOPMENT GROUP, L.L.C.

**Current Principal Place of Business:**

789 DUQUE RD  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

789 DUQUE RD  
LUTZ, FL 33549

**New Mailing Address:**

**FEI Number:** 59-3609728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: MGR ( ) Delete  
Name: THERIAULT, JANE  
Address: 789 DUQUE RD  
City-St-Zip: LUTZ, FL 33549

Title: MGR ( ) Delete  
Name: BEACH, COLIN  
Address: 7112 WAREHAM DR  
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete  
Name: CAETANO, JOSEPH P  
Address: 17202 TELENCE CT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

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

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:** JOSEPH P. CAETANO

MRG

04/18/2008

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