2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006955

1. Entity Name



FILED Mar 14, 2003 8:00 am Secretary of State

	SOMERSET DEVELOPMENT GROUP, L.L.C.							03-14-2003 9	0001 039	****50.	00
Suite, Apt. 4. etc. City & State City & State Desired \$5,00 Address of New Registered Agent THERMAULT, JANE 789 DUOUE RD LUTZ FL 33549 City FL Zip Code 8. The above numed only submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent are time facebase. 8. The above numed only submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both, in the State of Flor da. I am familier with, and accept the obligations of registered agent, or both in the State of Flor da. I am familier with, and accept the obligations of registere	789 DUQUE RD 7		789 DUQUE RD	789 DUQUE RD							
City & State	2. Principal Pl	ace of Business	3. Mailing Address	i. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. S. Oxfordinate Pose Regulated Pose R	Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF	MAKING C	HANGES	
Secondary Seco	City & State		City & State			. 500	**FEI Num	39-3009720			
E. Name and Address of Current Registered Agent THERIAULT, AIANE 788 DUQUE RD LUTZ FL 33549 City FL Zip Code 6. The above named only 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 at 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 at 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 at 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:	Zip	Country	Zip	try		5. Certifica	te of Status Desired	ired S5.00 Additional			
THERMAULT, JANE 789 DUQUE RD LUTZ FL 33549 City FL Zip Code City		6. Name and Address of Current	Registered Agent		Γ	i	7. Name a	nd Address of New Re			
Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State of Florida Depar					Name						
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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 Signature Image: Imag	LUTZ	Z FL 33549									-
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Signature, typed or printed name of ingolatered agent and tite if applicable. (INCITE Registered Agent signature internatives) File Now!!! FEE Is \$50.00			the purpose of changing its	registere	ed office or	registere	ed agent, or b	ooth, in the State of Flori	da. I am far	niliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR THERIAULT, JANE 788 DUQUE RD LUTZ FL 33549 TITLE NAME CERILLO, LOUIS P STREET ADDRESS CITY-ST-2P TAMPA FL 33647 TITLE MGR TAMPA FL 33647 TITLE MGR Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TAMPA FL 33647 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TAMPA FL 33647 Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				d Agent signate	ure required	when reinstating)		DATE	<u> </u>	
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		vertify that the information supplied with	this filing does not qualify fo			ted in Ser	ction 119.076	3)(i), Florida Statutes 1	further certify	v that the in	nformation

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 repeiver of sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: