2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000002577

1. Entity Name
SOMERSET SHOPPES MANAGEMENT LLC

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Principal Place of Business	Mailing Address
C/O THE ROBERTS ORGANIZATION 4 EAST 80TH STREET NY, NY 10021	C/O THE ROBERTS ORGANIZATION 4 EAST 80TH STREET NY, NY 10021

01142004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11555 HERON BLVD	
Suite, Apt. #, etc. *SUITE 69*	Suite, Apt. #, etc.
City & State *CORAL SPRINGS FLA*	City & State
Zip *FLA 33076* / Country	Zip / Country

4. FEI Number		
74-3059583	Applied For	
	Not Applicable	

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name *CRAIG TULEPAN* Street Address (P.O. Box Number is Not Acceptable) *11555 HERON BLVD* *SUITE 69* City *CORAL SPRINGS* **FL** Zip Code *33076*

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 _____   *CRAIG TULEPAN*   *1/14/04*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2004**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, BOB 4 EAST 80TH STREET NY, NY 10021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   *1/14/04*   *954-603-0455*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #