

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90011 002 \*\*\*138.75

<b>DOCUMENT # M04000002652</b> 1. Entity Name OH SOMERSET ALF LLC					
Principal Place of Business 4755 S HARBOR DRIVE VERO BEACH, FL 32967			Mailing Address 3755 7TH TERRACE 301 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address <i>4755 South Harbor Drive</i> Suite, Apt. #, etc.		
City & State Zip      Country			City & State <i>Vero Beach, FL</i> Zip      Country <i>32967</i>		
4. FEI Number 13-3398767			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAND HARBOR MANAGEMENT LLC 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Grand Harbor Management LLC 4755 South Harbor Drive Vero Beach, FL 32967
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b> <i>Patricia Iannotti</i> Patricia Iannotti      4/21/08      772-794-4390					