

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M07000006214**

1. Entity Name

SOMERSET ASSET MANAGEMENT LLC



Principal Place of Business

90 SOUTH SEVENTH STREET, SUITE 4300  
MINNEAPOLIS, MN 55402

Mailing Address

90 SOUTH SEVENTH STREET, SUITE 4300  
MINNEAPOLIS, MN 55402



03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-1966252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELAND, BRUCE D  
104 RIVESIDE DRIVE, SUITE 702  
COCOA, FL 32922-7861

**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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
OTT, MICHAEL  
90 SOUTH SEVENTH STREET, SUITE 4300  
MINNEAPOLIS, MN 55402

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000888275  
04/08/08-80022-025 138.75

**DO NOT WRITE  
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:**

*Thomas J. Abood*

3/10/08 (612)376-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Thomas J. Abood, Secretary