

FILED

Jan 15, 2008 08:00 AM  
Secretary of State

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000048748

1. Entity Name  
NORAMA RESORTS LLC



Principal Place of Business  
648 POINSETTIA AVENUE N.  
CLEARWATER, FL 33767

Mailing Address  
648 POINSETTIA AVENUE N.  
CLEARWATER, FL 33767



01092008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2158522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, R. CARLTON ESQ.  
RICHARDS, GILKEY, FITE, ET AL  
1253 PARK STREET  
CLEARWATER, FL 33768

**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 \$838.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIDOMIZIO, JOHN 648 POINSETTIA AVE N CLEARWATER BEACH, FL 33767
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000000785009  
01/16/08-80076-025 138.75

**DO NOT WRITE  
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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.

SIGNATURE: \_\_\_\_\_

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

JAN 108 (m) 443-6954

Date

Daytime Phone #