

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019812

FILED
Apr 27, 2009
Secretary of State

Entity Name: BASCOM NORRIS DEVELOPERS, LLC

Current Principal Place of Business:

2109 US HIGHWAY 90 WEST, STE. 170-144
LAKE CITY, FL 32055

New Principal Place of Business:

295 NW COMMONS LOOP STE 115-391
LAKE CITY, FL 32055

Current Mailing Address:

853 SW SISTERS WELCOME ROAD
LAKE CITY, FL 32025

New Mailing Address:

295 NW COMMONS LOOP STE 115-391
LAKE CITY, FL 32055

FEI Number: 26-8493864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, BRIAN S
853 SW SISTERS WELCOME ROAD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

CRAWFORD, BRIAN S
295 NW COMMONS LOOP STE 115-391
LAKE CITY, FL 32025 US

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.

SIGNATURE: BRIAN CRAWFORD

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAWFORD, BRIAN S
Address: 853 SW SISTERS WELCOME ROAD
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAWFORD, BRIAN S
Address: 295 NW COMMONS LOOP STE 115-391
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN CRAWFORD

MGM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date