


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90167 033 ***138.75

DOCUMENT # L00000004526	
1. Entity Name NORRIS NEW VENTURE, LLC	

Principal Place of Business 8641 ELM FAIR BLVD TAMPA, FL 33610	Mailing Address 8641 ELM FAIR BLVD TAMPA, FL 33610
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50004102

2. Principal Place of Business - No P.O. Box # 212-A Apollo Beach Blvd Suite, Apt. #, etc.	3. Mailing Address 212-A Apollo Beach Blvd Suite, Apt. #, etc.
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City & State Apollo Beach, FL	City & State Apollo Beach, FL
Zip 33572	Zip 33572
Country USA	Country USA

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3646878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NORRIS, KAREN 1407 ALHAMBRA DRIVE APOLLO BEACH, FL 33572	7. Name and Address of New Registered Agent Name KAREN NORRIS Street Address (P.O. Box Number is Not Acceptable) 212-A Apollo Beach Blvd. City Apollo Beach FL Zip Code 33572
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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** _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORRIS, KAREN M 1407 ALHAMBRA DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen M. Norris **04-15-2008** **813-727-3418**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #