## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # L00000015636 1. Entity Name NORM BROWN, L.L.C. Mailing Address Principal Place of Business 2115 S. A1A 2115 S. A1A VERO BEACH, FL 32963 VERO BEACH, FL. 32963 CR2E083 (11/05) 01232006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067177 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Pi$ 6. Name and Address of Current Registered Agent BROWN, THOMAS DO NOT WRITE 2115 SOUTH A1A VERO BEACH, FL 32963 IN THIS SPACE 3. 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. UATE Signature, typed or primad name of ingretered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2006 000000455874 03/16/06-80005-014 50.00 MANAGING MEMBERS/MANAGERS 8. MEM TITLE BROWN, THOMAS NAME 2115 SOUTH A1A STREET ADDRESS VERO BEACH, FL 32963 C1TY-ST-Z1P TITLE STREET ADDRESS CRY-ST-ZP ክክደ NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE 3.TE MME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS City-St-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not quality 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 if am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED