2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L000000 15794					Feeth : 9 4 compare compare	. 1		
Robert Norman Group, L.L.C.				FILED WGII				
				01 MAY 18 PM 1: 18				
Principal Place of Business  285 S. Gulf Drive 285 S. Gulf Drive					SECRETARY OF STATE TABLAHASSEE FLORIDA			
285 S. Gulf Drive 285 S. Gulf Drive. Santa Rosa, Beach, FL Santa Rosa, Beach,				- -L		RIDA		
32459 32459								
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	شــا ا	optied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regist	ered Agent		
Tyler Doin Street Address								
185 C. Gulf Drive				Address (F	P.O. Box Number is Not Acceptable)			
Santa Rosa Beach, FL 32459			City		FL Zip Code			
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.								
SIGNATURE Signature, typed or entitled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
SIFILE NOW IN FEETIS \$50:00								
	•	r Make Check Pay	Property of the Company of the Compa	1. 50% LANGE TO STATE OF THE ST	State			
9.	MANAGING MEME	BERS/MEMBERS	10.		ADDITIONS/CHAI	NGES		
TITLE	Manasing Member	☐ Delete	TITLE	T		☐ Change	☐ Addition	
NAME STREET ADDRESS	Tyler DOIN 285 S. Quif Drive		NAME STREET ADDRESS					
CITY-ST-ZIP	Santa Rosa Beach, FL		CITY-ST-ZIP	ļ				
TITLE NAME	Manasing Member Phillip N. Spann	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1.75 Eden Prive-	- 1 51 2 ME 6	STREET ADORESS CITY-ST-ZIP		90000441 -06/12/01	6019-	<b>1</b>	
TITLE	Santa Kosa 10	Cach, FL 3459	TITLE		- 100/12/01 東米米米50。	00 西福源5	Abdition	
NAME STREET ADORESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				·	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS			•	,	
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP	<del> </del>		☐ Change	Addition	
NAME		□ Delete	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDAESS			NAME STREET ADDRESS				İ	
CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for	CITY-ST-ZIP	ated in So	ction-119 07(3)/i) Florida Statutes   furth	er certify that the in	nformation	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section-119.07(3)(i), 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.								
4/3dol 850.231.906 6								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Only Date  Date  Date  Date  Date  Description of the control of the co								