



FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000020954			
1. Entity Name NORTON FAMILY, L.L.C.			
Principal Place of Business 1662 SANTA BARBARA DRIVE DUNEDIN, FL 34698		Mailing Address PO BOX 1616 DUNEDIN, FL 34697	
DO NOT WRITE IN THIS SPACE			
		01222007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number NOT APPLICABLE	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent NORTON, JOHN M 1662 SANTA BARBARA DRIVE DUNEDIN, FL 34698		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		<small>DATE</small> 02/01/07-80046-021 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTON, JOHN M 1662 SANTA BARBARA DRIVE DUNEDIN, FL 34698		
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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: <u>John M. Norton</u> <u>JOHN M. NORTON</u>		Date: <u>JANUARY 24, 2007</u> Daytime Phone #: <u>(727) 736-2894</u>	