

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015287

FILED
Apr 26, 2004
Secretary of State

Entity Name: NORRIEGO DEVELOPMENT, LLC

Current Principal Place of Business:

TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561 US

Current Mailing Address:

TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561

New Mailing Address:

TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561 US

FEI Number: 11-3645624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGS & LANE, A REGISTERED LIMITED
LIABILITY PARTNERSHIP
501 COMENDENCIA STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

CAMPBELL, JAMES S
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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: JAMES S. CAMPBELL

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEVIN, ALLEN R
Address: TEN PORTOFINO DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RINKE, ROBERT
Address: TEN PORTOFINO DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT RINKE

MGR

04/26/2004

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