## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # L03000044854  1. Entity Name  NORAM-RICHMOND, LLC				04-12-2004 90029 039 ****50.00	
D	O NOT WRIT	E IN THIS S	PACE		
Principal Place of Business     3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24039912	
875 Concourse Parkway		SAME		サゴハウカギや	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite 150					
City & State		City & State		4. FEI Number	Applied For
Maitland, FL Zip Country		Zip Country			X   Not Applicable   \$5.00 Additional
32751	US			5. Certificate of Status Desired	Fee Required
				7. Name and Address of Current Reg	jistered Agent
			Name Thomas R	Burns, Esq.	
	ODO NOT I	WRITE	Street Address	(P.O. Box Number is Not Acceptable)	
IN THIS SPACE					
			City Maitlan		FL Zip Code 32751
8. The above na	med entity submits this stateme	nt for the purpose of changing i		ered agent, or both, in the State of Florida	32731
	s of registered agent.				· [
CIONIATUEE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11 12, W-		3/16/	Po
SIGNATURE	nature, typedayr printed name of registered a	igent and little if applicable.			DATE
,			FEE IS \$50.00		
36%		[ [ 전 전 ] [ [ 20 ] [ 20 ] [ 20 ] [ 20 ] [ 20 ]	ble to Florida Departme	ent of State	
		والمراوية والمراجع وا	DUE BY MAY 1		
9.	MANAGING ME	MBERS/MANAGERS			
	∕IGR		NAME		
STREET ADDRESS 875. Concourse Parkway S, Suite		on C Cuita 150	STREET ADDRESS		
CITY-ST-ZIP	Maitland; FL 32751		CITY-ST-ZIP		
INTE .	<del>(</del> )		ITLE CARE		
NAME ,			NAME		
STREET ADDRESS CITY-ST-ZIP	CHARLES TO SERVICE STREET		STREET ADDRESS		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT W	Dife ( )
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TITLE			TITLE	IN THIS SE	PACE
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TITLE NAME			TITLE SALE		
STREET ADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY/ST-ZIP		
11. I hereby cen	ify that the information supplied	with this filing does not qualify	for the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
indicated on limited liabili	trus report is true and accurate ly-company or the receiver or the	and that my signature shall have ustee employeered to execute th	re me same legal effect as if is report as required by Char	made under oath; that I am a managing pter 608, Florida Statutes.	member or manager of the
limited lightility company of the receiver or trustee employeered to execute this report as required by Chapter 608, Florida Statutes.					