2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000048846

1. Entity Name
NORRIS PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
6151 41ST AVE. NORTH ST PETERSBURG, FL 33709	6151 41ST AVE. NORTH ST PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
41-2117337
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID
6151 41ST AVE. NORTH
ST PETERSBURG, FL 33709

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000950825
06/04/08-80007-009 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NORRIS, DAVID
STREET ADDRESS	6151 41ST AVE. NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	MGR
NAME	NORRIS, MICHAEL
STREET ADDRESS	6151 41ST AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE David C. Norris 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

727-638-6011