## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Apr 20, 2004 8:00 am Secretary of State DOCUMENT # L03000049007 04-20-2004 90182 006 \*\*\*\*50.00 1. Entity Name NORAM-NGV, LLC DO NOT WRITE IN THIS SPACE 24049423 3. Mailing Address 2. Principal Place of Business SAME 875 Concourse Parkway 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 X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32751 US Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE TITLE Manager NAME NAME NORAM, LLC STREET ADDRESS STREET ADDRESS CR2E083B 875 Concourse Parkway S, Suite 150 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 14 5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the put as required by Chapter 608, Florida Statutes.

FILED