2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-12-2005 90016 037 ****50.00

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03282005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
NOREL, LLC

Principal Place of Business	Mailing Address
ONE PURLIEU PLACE STE 270 WINTER PARK, FL 32792	PO BOX 721235 ORLANDO, FL 32872

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0778343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARTA
6857 LONG NEEDLE COURT
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name LOPEZ MARTA

Street Address (P.O. Box Number is Not Acceptable)
6964 NEEDLE POINT DR

City ORLANDO **FL** Zip Code 32822

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 MARTA LOPEZ Marta Lopez 04/07/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOPEZ, MARTA PO BOX 721145 ORLANDO, FL 32872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOPEZ, NELSON 6857 LON NEDDLE COURT ORLANDO, FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARMEN ROSADO 39. ANNETTE DR WEST MELBOURNE FL 32904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DALSANTO, ELSA 1369 RUNNING TRAIL ORLANDO, FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORMAN LOPEZ-HINZ 6857 Long NEEDLE CT ORLANDO FL 32822	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Marta Lopez 04/07/05 407-673-9310
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #