1 - 2007 LIMITED LIABILITY COMPANY

ANNUAL REPURI					2200		
DOCU	MENT # L0400001	5681			Total Street Land		
1. Entity Name NORMAN STEPHENS BUILDER, LLC				8 / 1	C 28 PM 12:		
Principal Place of Business 5925 JAY'S WAY MILTON, FL 32570		Mailing Address 5925 JAY'S WAY MILTON, FL 32570			TARY OF STA TASSEE, FLOI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08082007	Chg-LLC	CR2E083 (12/06)
City & State		City & State			4. FEI Number Applied F. 59-1233597 Not Applie		
. Zip Country		Zip	Country	5. Certifical		□ \$5.00 Ad Fee Requir	
	6. Name and Address of Curre	nt Registered Agent		7. Name an	d Address of New F	Registered Agent	
STEPHENS, NORMAN W 5925 JAY'S WAY MILTON, FL 32570			Name Street Addr	ess (P.O. Box Numb	er is Not Acceptable	e) ·	
			City			FL Zip Co	de
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or reg	gistered agent, or bo	oth, in the State of Fk	orida. I am familiar with	n, and ac-
SIGNATURE.		epnew		,			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered Agent signature re	equired when reinstating)		DATE	
- Fil		entand title if applicable. (NO1	IE: Registered Agent signature re	equired when reinstaling)		DATE se check payable to a Department of Sta	
- Fil	Signature, typed or printed name of regularized age ling Fee is \$50.00 by September 14, 2007	entand trie if applicable. (NOI	IE: Registered Agent signature re	equired when reinstating)		re check payable to a Department of Sta	
Fil Due l	Signature, typed or printed name of regularized age ling Fee is \$50.00 by September 14, 2007			900	ADDITIONS	te check payable to a Department of Sta	Ad
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMI MGR STEPHENS, NORMAN W 5925 JAY'S WAY	BERS/MANAGERS	10. TITLE NAME STREET ADDRESS	900 11/27/0	ADDITIONS 111261 7-01051-	ce check payable to a Department of Sta	Ad Ad
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMI MGR STEPHENS, NORMAN W 5925 JAY'S WAY	BERS/MANAGERS	10. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	900 11/27/0	ADDITIONS 111261 7-01051-	ce check payable to a Department of Sta /CHANGES Change Change 3 1 3 3 Change Change Change Change	Ad Ad
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11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes.

SIGNATURE:

MOMMAN, Atapham.