

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90026 035 ****50.00

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| DOCUMENT # L04000027974 1. Entity Name NORA II, L.L.C. | | | | | |
| Principal Place of Business 1009 29TH AVE. N. NAPLES, FL 34103 US | | | Mailing Address 1009 29TH AVE. N. NAPLES, FL 34103 US | | |
| 2. Principal Place of Business 1080 RORDON AVE Suite, Apt. #, etc. | | 3. Mailing Address 70 DELTA LANE Suite, Apt. #, etc. | | | |
| City & State NAPLES, FL | | City & State SYLVA, NC | | 4. FEI Number 20-0988332 | |
| Zip 34103 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHWEIKHARDT, KATHERINE ANN 900 SIXTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SKINNARLAND, ANNE 1009 29TH AVE. N. NAPLES, FL 34103 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MUMM, BRUCE 1009 29TH AVE. N. NAPLES, FL 34103 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE | | | BRUCE MUMM | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | |
| (239) 398-8618 | | | Daytime Phone # | | |