

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027974

FILED
Mar 31, 2009
Secretary of State

Entity Name: NORA II, L.L.C.

Current Principal Place of Business:

1080 RORDON AVE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

70 DELTA LN
SYLVA, NC 28779 US

New Mailing Address:

1080 RORDON AVE
NAPLES, FL 34103 US

FEI Number: 20-0988332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIKHARDT, KATHERINE ANN
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SKINNARLAND, ANNE
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM () Delete
Name: MUMM, BRUCE
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MUMM, MICHAEL B
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Change (X) Addition
Name: SKINNARLAND, ERLING T
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Change (X) Addition
Name: SKINNARLAND, INGRID T
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Change (X) Addition
Name: SKINNARLAND, SOL
Address: 1080 RORDON AVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNE T. SKINNARLAND

MGRM

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date