


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90043 018 \*\*\*138.75

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L04000029948</b><br>1. Entity Name<br><b>NORMAN CSARNI, LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>11006 RADNER ST<br/>NEW PORT RICHEY, FL 34654</b>  |  |  | Mailing Address<br><b>11006 RADNER ST<br/>NEW PORT RICHEY, FL 34654</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>11501 Manistique way</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>11501 Manistique way</b><br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>New Port Richey, FL</b>   |  | City & State<br><b>New Port Richey, FL</b>                               |   | 4. FEI Number<br><b>27-0107572</b>   |  |
| Zip<br><b>34654</b>  |  | Country<br><b>US</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CSARNI, NORBERT<br/>11006 RADNER ST<br/>NEW PORT RICHEY, FL 34654</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>CSarni, Norbert</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11501 Manistique way</b><br>City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34654</b> |  |
| 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.<br>SIGNATURE <u><i>[Signature]</i></u> DATE <u>04.30.08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to<br/>Florida Department of State</b>            |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>CSARNI, NORBERT<br/>11006 RADNER STREET<br/>NEW PORT RICHEY, FL 34654</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <b>MGR<br/>CSarni, Norbert<br/>11501 Manistique way<br/>New Port Richey, FL 34654</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| 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. |  |  |   |  |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | Date <u>04.30.08</u> Daytime Phone #                                    |  |  |

60039404



04302008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable