2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023726

Entity Name: NORVI, LLC

City-St-Zip:

FILED Feb 08, 2009 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|---|---------------------------------|---|----------------------------------|---|--|
| 5101 C.R. | • | | | • | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 5101 C.R. BUSHNEL | 316-A L, FL 33513 | | | | | |
| FEI Number: | | FEI Number Applied For () | FEI Number Not Appl | icable (X) | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address | s of New Registered Agent: | |
| 5101 C.Ŕ. | NORMAN W 316-A .L, FL 33513 | US | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing i | ts registe | ered office or registered agent, or both | |
| SIGNATUF | RE: | | | | | |
| Electronic Signature of Registered Ager | | | ent | | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | | |
| Title: Name: Address: City-St-Zip: | MGR () SCHEID, NORM 5101 C.R. 316-A BUSHNELL, FL | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: | () | Delete | Title: Name: Address: | MGR SCHEID, 5101 C.F | () Change (X) Addition , VIOLA M R. 316-A | |

City-St-Zip: BUSHNELL, FL 33513

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: NORMAN W. SCHEID 02/08/2009