


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000062937 1. Entity Name NORMAN FAMILY ENTERPRISES, LLC	
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Principal Place of Business 538 WEST TENNESSEE STREET TALLAHASSEE, FL 32301	Mailing Address 538 WEST TENNESSEE STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0902302	Applied For <input type="checkbox"/> Net Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NORMAN, JOANNA K 1833 VINEYARD WAY TALLAHASSEE, FL 32317
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

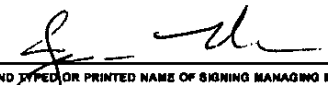
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORMAN, JOANNA K 1833 VINEYARD WAY TALLAHASSEE, FL 32317
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03/16/07-80009-021-50.00

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:  **3/4/07** **850 383 4870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #