

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073604

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** JAMES W. NORMAN, L.L.C.

**Current Principal Place of Business:**

5225 SE 39TH LOOP  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

5225 SE 39TH LOOP  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 39-4482403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORMAN, JAMES W  
5225 SE 39TH LOOP  
OCALA, FL 34480 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  
Name: NORMAN, JAMES W  
Address: 5225 SE 39TH LOOP  
City-St-Zip: OCALA, FL 34480

I hereby 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: JAMES W. NORMAN

MGRM

02/16/2010

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