2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000117279

Entity Name: NORA HALL, LLC

Current Principal Place of Business:

46 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

46 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-3978610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, NORA H
46 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174 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: HALL, NORA M
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete
Name: WILSON, PAMELA C
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete
Name: CLOAR, VIVIA H
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HALL, NORA H
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORA H HALL MGRM 01/15/2007

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