

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

07 MAY -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000121749**
1. Entity Name **Gary E. Norman Builders, LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3856 Tarpon Rd**
Suite, Apt. #, etc.

3. Mailing Address **BK**
Suite, Apt. #, etc.

CR2E083B (8/05)

City & State **Venice, FL** City & State
4. FEI Number **87-0778618** Applied For
Not Applicable
5. Certificate of Status Desired **\$5.00** Additional Fee Required
Zip **34293** Country **Sarasota** Zip **34293** Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Gary E. Norman**
Street Address (P.O. Box Number is Not Acceptable)
3856 Tarpon Rd
City **Venice** **FL** Zip Code **34293**

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 *Gary E. Norman* DATE

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE MEMBER	NAME Gary E. Norman	TITLE	
STREET ADDRESS 3856 Tarpon Rd		STREET ADDRESS	
CITY-ST-ZIP Venice FL 34293		CITY-ST-ZIP	BK
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	100101970431
CITY-ST-ZIP		CITY-ST-ZIP	05/09/07--01044--019 **50.00
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Gary E. Norman* DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE