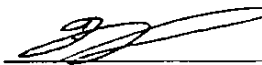


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-04-2007 90307 003 ****55.00

DOCUMENT # L06000048572 1. Entity Name NORMAN A. DAVIS, LLC					
Principal Place of Business 9012 CR 645 BUSHNELL FL 33513			Mailing Address 9012 CR 645 BUSHNELL FL 33513		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4902808	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, NORMAN A 9012 CR 645 BUSHNELL FL 33513				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)				DATE 3-19-07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM DAVIS, NORMAN A 9012 CR 645 BUSHNELL FL 33513	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				Date 3-19-07 Daytime Phone # 352-793-7345	