

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017695

Entity Name: NORSTROM, LLC

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720

**New Mailing Address:**

P.O. BOX 2076  
DELAND, FL 32721

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DEMARSH, FRANK  
1798 S. WOODLAND BLVD.  
DELAND, FL 32720 US

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

BIERNACKI, RAYMOND A JR.  
2667 ENTERPRISE RD.  
ORANGE CITY, FL 32763 US

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: RAYMOND A. BIERNACKI

03/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEMARSH, WILLIAM F  
Address: 1798 S. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Delete  
Name: HYZER, DAVID  
Address: PO BOX 100  
City-St-Zip: BAD AXE, MI 48413

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: I-4 HOWLAND INVESTME, NTS, LLC  
Address: 1798 S. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM F. DEMARSH

MGRM

03/20/2008

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