

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059583

FILED  
Mar 08, 2008  
Secretary of State

Entity Name: JOHN NORRIS CONSTRUCTION LLC

**Current Principal Place of Business:**

351 NW CORWIN GLN.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

351 NW CORWIN GLN.  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 59-3266539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORRIS, JACQUELINE  
351 NW CORWIN GLN.  
LAKE CITY, FL 32055 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: NORRIS, JOHN  
Address: 351 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: NORRIS, JACQUELINE  
Address: 351 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: NORRIS, JOHN II  
Address: 336 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES:**

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

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 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: JACQUELINE NORRIS

MGRM

03/08/2008

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