

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108434

Entity Name: NORFOLK HOUSING, LLC

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

1555 PALM BEACH LAKES BLVD.  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1555 PALM BEACH LAKES BLVD.  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 26-4085196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ECCLESTONE, LLWYD JR.  
1555 PALM BEACH LAKES BLVD.  
SUITE 1100  
WEST PALM BEACH, FL FL US

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

ECCLESTONE, E LLWYD  
1555 PALM BEACH LAKES BLVD.  
SUITE 1100  
WEST PALM BEACH, FL FL 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: E LLWYD ECCLESTONE

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORFOLK OPERATING, LLC  
Address: 1555 PALM BEACH LAKES BLVD. #1100  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORFOLK OPERATING, LLC  
Address: 1555 PALM BEACH LAKES BLVD # 1100  
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: NANNETTE GAMMON

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04/08/2009

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