2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90188 031 ***538.75

60042170

DOCUMENT # L99000009258

1. Entity Name
NORIC MIRAMAR BEACH LLC

Principal Place of Business	Mailing Address
~~4300 LEGENDARY DRIVE~~	~~4300 LEGENDARY DRIVE~~
~~SUITE 204~~	~~SUITE 204~~
~~DESTIN, FL 32541~~	~~DESTIN, FL 32541~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
362 MIRAMAR BEACH DR	362 MIRAMAR BEACH DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN, FL	City & State: DESTIN, FL
Zip: 32550 Country: USA	Zip: 32550 Country: USA

05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0970889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, RICHARD	Name
~~4300 LEGENDARY DRIVE~~	Street Address (P.O. Box Number is Not Acceptable) 4010 W COMMONS DRIVE
~~SUITE 204~~	SUITE 100
~~DESTIN, FL 32541~~	City DESTIN FL Zip Code 32541

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	OLSON, RICHARD		NAME	OLSON, RICHARD	
STREET ADDRESS	~~4300 LEGENDARY DRIVE SUITE 204~~		STREET ADDRESS	4010 W. COMMONS DRIVE	
CITY-ST-ZIP	~~DESTIN, FL 32541~~		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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 exemptions contained in Chapter 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #