2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

AND TYPED OR WINTED

May 19, 2008 8:00 am Secretary of State DOCUMENT # L99000009258 05-19-2008 90188 031 ***538.75 1. Entity Name NORÍC MIRAMAR BEACH LLC 60042170 Mailing Address Principal Place of Business 4300 LEGENDARY DRIVE 4300 LECENDARY DRIVE SUITE 204 SUITE 204 .Destin, fl. 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 362 MIRAMAR BEACH DR 3. Mailing Address 362MIRAMAR BEACH DR Suite, Apt. #, etc. 05142008 Chg-LLC CR2E083 (12/06) DESTIN, FL Applied For DESTIN, FL 4. FEI Number 65-0970889 Not Applicable \$5.00 Additional Gounts. A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLSON, RICHARD Street Address (P)O. BOX Number is Not Acceptable 12 1 V E 4300 LEGENDARY DRIVE SUITE: 204 SLITE 100 DESTIN, FL 32541 CINDESTIN 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MGRM ■ Addition TITLE Delete RICHARD OLSON, RICHARD NAME NAME MMONS BRIVE STREET ADDRESS 43001 EGENDARY DRIVE SUITE 204 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 limited liability company or the receiver or trustee empoy nature shall have the same legal effect as it made under oath; that I am a managing member or manager of the interest this report as required by Chapter 608, Florida Statutes. **SIGNATURE**

FILED

Daytime Phone #