

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90019 038 \*\*\*\*55.00

DOCUMENT # M05000000490		
1. Entity Name NORWELL PROPERTIES, LLC		
Principal Place of Business 837 MT. MORIAH ROAD MEMPHIS, TN 38117		Mailing Address 837 MT. MORIAH ROAD MEMPHIS, TN 38117
2. Principal Place of Business 1815 W. 15th St. Suite, Apt. #, etc. #15	3. Mailing Address 1815 W. 15th St. Suite, Apt. #, etc. #15	
City & State Panama City, FL Zip 32401 Country US	City & State Panama City, FL Zip 32401 Country US	



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1653334  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CROMWELL, JASON 97 FLIP FLOP LANE PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Jason S. Cromwell (NOTE: Registered Agent signature required when reinstating) DATE 4/23/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYNOR, BRYON 837 MT. MORIAH ROAD MEMPHIS, TN 38117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROMWELL, JASON 97 FLIP FLOP LANE PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jason S. Cromwell Jason S. Cromwell 4/23/06 850-276-4763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #