


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042589

1. Entity Name
10565 NORMANDY BLVD, LLC



Principal Place of Business Mailing Address

239 JONES ROAD 239 JONES ROAD
JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32220

DO NOT WRITE IN THIS SPACE



04172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1570973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KITIRELL, JIMMY B
239 JONES ROAD
JACKSONVILLE, FL 32220

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and FEE if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITIRELL, JIMMY B 239 JONES ROAD JACKSONVILLE, FL 32220
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05/12/06-80016-003 50.00

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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, or authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *J.B. Kittrell* Date: *4-19-06* Daytime Phone #: *904-289-7710*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE