


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
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| DOCUMENT # L04000042589 1. Entity Name 10565 NORMANDY BLVD, LLC |  |
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|---|---|
| Principal Place of Business 239 JONES ROAD JACKSONVILLE, FL 32220 | Mailing Address 239 JONES ROAD JACKSONVILLE, FL 32220 |
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04172006No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1570973 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KITTRELL, JIMMY B 239 JONES ROAD JACKSONVILLE, FL 32220 |
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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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KITTRELL, 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 empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:  **904-289-7710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date **4-19-06** Daytime Phone #