

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000128895

**Entity Name:** NORTKAYE PARTNERSHIP LLC

**Current Principal Place of Business:**

4151 GULFSHORE BLVD N  
ATTN: JACK NORTMAN  
NAPLES, FL 34103

**Current Mailing Address:**

4151 GULFSHORE BLVD N  
ATTN: JACK NORTMAN  
NAPLES, FL 34103 US

**FEI Number:** 46-2625775

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTMAN, JACK  
4151 GULFSHORE BLVD N  
ATTN: JACK NORTMAN  
NAPLES, FL 34103 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NORTMAN, JACK  
Address 4151 GULFSHORE BLVD N  
ATTN: JACK NORTMAN  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name KAYE, STUART  
Address 138 AMBLEWOOD LANE  
City-State-Zip: NAPLES FL 34105

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK NORTMAN

MGRM

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date