

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 18 AM 11:12

1. Name of Limited Partnership	1a. DOCUMENT # A93000000839
NORMANDY ISLES, LTD.	



012/30

Mailing Address P.O. BOX 6199 LAKE WORTH FL 33466	Principal Office Address P.O. BOX 6199 LAKE WORTH FL 33466	3. Date Formed or Registered 08/13/1993	5a. Capital Contributions as Shown on record. \$9,500.00
		3a. Date of Last Report 12/18/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address P.O. BOX 541359	2a. Principal Office Address P.O. BOX 541359	6. FEI Number 65-0441878	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State LAKE WORTH, FL	City & State LAKE WORTH, FL	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip 33454	Zip 33454		

9. Name and Address of Current Registered Agent SAPIR, M. RICHARD 1645 PALM BEACH LAKES BLVD., PENTHOUSE WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name HARRY RAUCH Street Address (P.O. Box Number Is Not Acceptable) 2176 506 ROAD Suite, Apt. #, etc. City WEST PALM BEACH FL Zip Code 33415
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE **12/15/98**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) NORMANDY ISLES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5904 TIMBER VALLEY DR	11b. City, State & Zip Code LAKE WORTH FL 33463	11c. Registration/Document Number P93000054943
300002735109--8 -01/08/99--01094--003 ****155.25 ****155.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **12/15/98**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)