

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<br><br>NORMANDY ISLES, LTD. |  | 1a. DOCUMENT #<br>A93000000839 |  |
| Mailing Address<br>P.O. BOX 6199<br>LAKE WORTH FL 33466    | Principal Office Address<br>P.O. BOX 6199<br>LAKE WORTH FL 33466 |                                |  |
| 2. Mailing Address<br>P.O. BOX 541359                      | 2a. Principal Office Address<br>P.O. BOX 541359                  |                                |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |                                |  |
| City & State<br>LAKE WORTH, FL                             | City & State<br>LAKE WORTH, FL                                   |                                |  |
| Zip<br>33454   | Zip<br>33454   |                                |  |



012/30

|   |   |
|---|---|
| 3. Date Formed or Registered<br>08/13/1993                                      | 5a. Capital Contributions as Shown on record.<br>\$9,500.00                     |
| 3a. Date of Last Report<br>12/18/1997   | 5b. Amount of Capital Contributions in FLORIDA to date:                         |
| 4. State or Country of Formation<br>FL  |   |
| 6. FEI Number<br>65-0441878   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired<br><input type="checkbox"/>                    | \$8.75 Additional Fee Required  |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) |   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br>SAPIR, M. RICHARD<br>1645 PALM BEACH LAKES BLVD., PENTHOUSE<br>WEST PALM BEACH FL 33401 | 10. If changed, new Registered Agent/Office<br>Name HARRY RAUCH<br>Street Address (P.O. Box Number Is Not Acceptable)<br>2176 506 ROAD<br>Suite, Apt. #, etc.<br>City WEST PALM BEACH FL Zip Code 33415 |
|--|---|

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

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)