

2000 UNIFORM BUSINESS REPORT (UBR)

0013143 AF

DOCUMENT # A93000000839

1. Entity Name
NORMANDY ISLES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business
P.O. BOX 541359
LAKE WORTH FL 33454

Mailing Address
P.O. BOX 541359
LAKE WORTH FL 33454-1359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0441878		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RAUCH, HARRY 2176 JOG RD. WEST PALM BEACH FL 33415				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$9,500.00** 10. Amount of Capital Contributions in FLORIDA to date. _____ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000054943	STREET ADDRESS	2176 JOG ROAD
NAME	NORMANDY ISLES, INC.	CITY - ST - ZIP	WEST PALM BEACH, FL 33415
STREET ADDRESS	5904 TIMBER VALLEY DRIVE		
CITY - ST - ZIP	LAKE WORTH FL 33463		
DOCUMENT #		STREET ADDRESS	700003245737--9
NAME		CITY - ST - ZIP	-05/10/00--01006--016
STREET ADDRESS			****155.25 ****155.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE RE HARRY RAUCH 4/17/00 561 964 6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1996) 3001 F-3