


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

|   |   |
|---|---|
| <b>DOCUMENT # A9300000839</b>                 |  |
| 1. Entity Name<br><b>NORMANDY ISLES, LTD.</b> |   |

**FILED**

04 APR 30 PM 12: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |
|---|--|
| Principal Place of Business<br><b>1985 SOUTH MILITARY TRAIL<br/>WEST PALM BEACH, FL 33415</b> | Mailing Address<br><b>P.O. BOX 541359<br/>LAKE WORTH, FL 33454</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04162004 Chg-LP CR2E003 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0441878</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                                      | <b>7. Name and Address of New Registered Agent</b>                 |
| <b>RAUCH, HARRY</b><br><b>1985 SOUTH MILITARY TRAIL</b><br><b>WEST PALM BEACH, FL 33415</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record: <b>\$9,500.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. |
|--|---|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P93000054943</b><br><b>NORMANDY ISLES, INC.</b><br><b>1985 SOUTH MILITARY TRAIL</b><br><b>WEST PALM BEACH, FL 33415</b> | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              | <b>200036471692</b>                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           | <b>05/14/04--01048--006 **155.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | CITY-ST-ZIP              |                                      |

STAPLE CHECK HERE

*Handwritten signature/initials*

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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *HARRY RAUCH* DATE: 4/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER