

**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**

98 OCT 20 PM 2: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A96000002452</b>
NORMANDY EQUITIES, LTD.	

<b>Mailing Address</b>	<b>Principal Office Address</b>	<b>3. Date Formed or Registered</b>	<b>5a. Capital Contributions as Shown on record.</b>  <b>\$1,000.00</b>
4347-10 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216	4347-10 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216	12/19/1996	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/09/1997	
<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. State or Country of Formation</b>	
Zip Country	Zip Country	FL	
		<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-3417659	
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>	<b>10. If changed, new Registered Agent/Office</b>	
SLEIMAN, PETER D 4347-10 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code
	FL	

**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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
AMERICAN MORTGAGE ACQUISITIO	4347-10 UNIVERSITY BL	JACKSONVILLE FL 32216	P95000084709
400002675134--3 -10/28/98--01093--014 ***141.25 ***141.25 Dec			

**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 10/16/98  
 Typed or Printed Name of General Partner Signing Form Peter D. Sleiman Daytime Telephone Number 904-731-8806

CR2E003 (8/98)