


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 APR -4 AM 10:24

DOCUMENT # A96000002452

1. Entity Name
 NORMANDY EQUITIES, LTD.



Principal Place of Business
 1 SLEIMAN PARKWAY, SUITE 280
 JACKSONVILLE, FL 32216

Mailing Address
 1 SLEIMAN PARKWAY, SUITE 280
 JACKSONVILLE, FL 32216

PS



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
 59-3417659

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH, BERNARD E~~
~~1 SLEIMAN PARKWAY, SUITE 280~~
~~JACKSONVILLE, FL 32216~~

7. Name and Address of New Registered Agent

Name
 Peter D. Sleiman

Street Address (P.O. Box Number is Not Acceptable)
 1 Sleiman Parkway

Suite 270

City Jacksonville, FL Zip Code 32216

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 *Peter D. Sleiman* DATE 1-19-05

9. Capital Contributions as Shown on record. \$1,000.00

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	
DOCUMENT #	P95000084709
NAME	AMERICAN MORTGAGE ACQUISITION CORPORATION
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280
CITY-ST-ZIP	JACKSONVILLE, FL 32216
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000050428090
CITY-ST-ZIP	04/11/05--01082--001 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Peter D. Sleiman* Date 1/19/05 Daytime Phone # 904/731-8806

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