


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**


**DOCUMENT # A96000002452**  
1. Entity Name  
**NORMANDY EQUITIES, LTD.**



**FILED**  
06 JUN 13 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

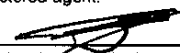
2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



03242006    Chg-LP    CR2E003 (11/05)  
4. FEI Number      Applied For  
**59-3417659**      Not Applicable  
5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SLEIMAN, PETER D**  
**1 SLEIMAN PARKWAY**  
**SUITE 270**  
**JACKSONVILLE, FL 32216**

**7. Name and Address of New Registered Agent**  
Name      **Sleiman, Eli T., Jr.**  
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  **Eli T. Sleiman, Jr.**      **4/6/06**  
Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	<b>P95000084709</b>	STREET ADDRESS	
NAME	<b>AMERICAN MORTGAGE ACQUISITION CORPORATION</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1 SLEIMAN PARKWAY, SUITE 280</b>		
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32216</b>		
DOCUMENT #		STREET ADDRESS	<b>mp 6/13</b>
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	<b>800076365768</b>
NAME		CITY - ST - ZIP	<b>06/20/06--01014--030 **500.00</b>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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 exemptions contained in Chapter 119, 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:  **Eli T. Sleiman, Jr.**      **4/6/06**      (904)731-8806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE