

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003594

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: NORMANDY APARTMENTS, LLC

**Current Principal Place of Business:**

1751 N.E. 31ST STREET  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3768 W COQUINA WAY  
FORT LAUDERDALE, FL 33332

**New Mailing Address:**

FEI Number: 65-1086199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARDELEAN, SORIN  
3768 W COQUINA WAY  
FORT LAUDERDALE, FL 33332 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARDELEAN, SORIN  
Address: 3768 W COQUINA WAY  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ARDELEAN, DAVID  
Address: 4101 HIATUS ROAD UNIT 107  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM ( ) Change (X) Addition  
Name: ARDELEAN, SORIN  
Address: 3768 W COQUINA WAY  
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SORIN ARDELEAN

MGRM

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date