

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



02232004 Chg-LLC CR2E083 (10/03)

5/18

DOCUMENT # L01000015369			
1. Entity Name HARANDLIN - NORMANDY LLC			
Principal Place of Business 3300 N. PORT ROYALE DRIVE NO. 338 FT. LAUDERDALE, FL 33308		Mailing Address 3300 N. PORT ROYALE DRIVE NO. 338 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 3451 North Hills Drive Suite, Apt. #, etc.		3. Mailing Address 3451 North Hills Drive Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33021	Country	Zip 33021	Country
4. FEI Number 65-1149229		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHORE, ALLEN M 3300 N. PORT ROYALE DRIVE NO. 338 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Fredric A. Hoffman, Esquire Street Address (P.O. Box Number is Not Acceptable) COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A. 9400 S. Dadeland Blvd., #600 City Miami FL Zip Code 33156	
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 Fredric A. Hoffman DATE 3-9-04 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIMER CAPITAL LTD. 3300 N. PORT ROYALE DR. #338 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goldfarb, Linda E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Shore, Andria L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1840 Sweetbay Way Hollywood, Florida 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400037664624 06/04/04--01032--015 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: Linda E. Goldfarb, President of Harandlin-GP, Inc.,		3/8/04 954-831-6070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
General Partner of Member			