2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-29-2005 90028 045 ****50.00

DOCUMENT # L04000035900

1. Entity Name
NORMANDY RENTAL PROPERTIES, LLC

30007000

04262005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
4079 C.R. 119 BRYCEVILLE, FL 32009	4079 C.R. 119 BRYCEVILLE, FL 32009

2. Principal Place of Business		3. Mailing Address	
P.O. Box 153		P.O. Box 153	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bryceville, Fl.		City & State: Bryceville, Fl.	
Zip: 32009	Country: Nassau	Zip: 32009	Country: Nassau

4. FEI Number: 20-1128301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AKEL, DANIEL D ONE INDEPENDENT DRIVE STE. 2301 JACKSONVILLE, FL 32202-5059	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEREDITH, KATHY STOKES 4079 C.R. 119 BRYCEVILLE, FL 32009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Kathy S. Meredith 4/28/05 904/813-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kathy S. Meredith / Mgr.