

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 024 ***138.75

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|--|--|---|--|---|--|
| DOCUMENT # L06000007530 1. Entity Name NORMANDY GENERAL PARTNERS, LLC | | | | | |
| Principal Place of Business 800 BRICKELL AV 902 MIAMI, FL 33131 | | | Mailing Address 800 BRICKELL AV 902 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340 City & State AVENTURA - FLORIDA Zip 33160 Country USA | | 3. Mailing Address 17501 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 340 City & State AVENTURA - FLORIDA Zip 33160 Country USA | | 03132008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4187439 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent HAWLEY, IGNACIO J 2601 S. BAYSHORE DR., SUITE #1100 MIAMI, FL 33133 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VISTAS INTERNATIONAL DEVELOPMENT GROUP, LL 800 BRICKELL AV MIAMI, FL 33131 | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. 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 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: ANTONIO GASTELBONDO-SECRETARY- 4/23/2008 305 949-9854 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |