


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 022 ***138.75

DOCUMENT # L07000104985

1. Entity Name
 14367 NORMANDY BOULEVARD, LLC



Principal Place of Business
 345 BLAGDON COURT
 JACKSONVILLE FL 32225

Mailing Address
 345 BLAGDON COURT
 JACKSONVILLE FL 32225



2. Principal Place of Business - No P.O. Box #
 14367 NORMANDY BLVD

3. Mailing Address
 345 BLAGDON CT

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
 Jacksonville FL

City & State
 Jacksonville FL

Zip
 32221

Country
 DUVAL

Zip
 32225

Country
 DUVAL

4. FEI Number
 26-2107896

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, FRANCES
 345 BLAGDON COURT
 JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name
 Ramon Rivera

Street Address (P.O. Box Number is Not Acceptable)
 345 BLAGDON CT

City
 Jacksonville FL Zip Code
 32225

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 my stated agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

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 MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERA, RAMON A		NAME	
STREET ADDRESS 345 BLAGDON COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32225		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Certificate Price # _____