


**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 90115 008 \*\*\*138.75

<b>DOCUMENT # L07000105271</b>	
1. Entity Name <b>14650 NORMANDY BOULEVARD, LLC</b>	

Principal Place of Business <b>345 BLAGDON COURT JACKSONVILLE FL 32225</b>	Mailing Address <b>345 BLAGDON COURT JACKSONVILLE FL 32225</b>
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2. Principal Place of Business - No P.O. Box # <b>14650 NORMANDY BLVD</b>	3. Mailing Address <b>345 BLAGDON CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

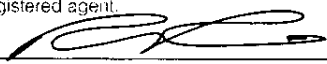
1st MOORE CR2E083 (10/07)

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>	4. FEI Number <b>26-2107822</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32234</b>	Country <b>COVIL</b>	Zip <b>32225</b>	Country <b>DUVAL</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>RIVERA, FRANCES 345 BLAGDON COURT JACKSONVILLE FL 32225</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>FRANCES RIVERA / RAMON RIVERA</b>
Street Address (P.O. Box Number is Not Acceptable) <b>345 BLAGDON CT.</b>
City <b>JACKSONVILLE FL</b> Zip Code <b>32225</b>

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 	DATE <b>4/12/8</b>

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

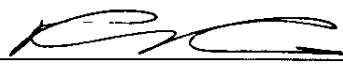
DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>MGR RIVERA, RAMON A 345 BLAGDON COURT JACKSONVILLE FL 32225</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.
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<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Day/Line Phone #
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