

2000 UNIFORM BUSINESS REPORT (UBR)

2015246 AF

DOCUMENT # M99000000726

1. Entity Name
NORMANDY ASSOCIATES, L.L.C.

Principal Place of Business: 11900 TWELVE MILE ROAD, SUITE 200, WARREN MI 48093
Mailing Address: 11900 TWELVE MILE/ROAD, SUITE 200, WARREN MI 48093-3400

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 AM 10: 55



DO NOT WRITE IN THIS SPACE

4. FEI Number: **38-3467160** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**SCARFO, MICHAEL D
750 ANDOVER CIRCLE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent
Name: **Scarfo, Michael D**
Street Address (P.O. Box Number is Not Acceptable): **1314 Winter Springs Blvd.**
City: **Winter Springs** FL Zip Code: **32708**

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.

SIGNATURE: **Michael D. Scarfo** DATE: **2-28-00**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE: MGRM	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: M.E.M. MANAGEMENT LIMITED PARTNERSHIP		NAME: 1314 Winter Springs Blvd.	
STREET ADDRESS: 750 ANDOVER CIRCLE		STREET ADDRESS: 1314 Winter Springs Blvd.	
CITY-ST-ZIP: WINTER SPRINGS FL 32708		CITY-ST-ZIP: 32708	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Delete		NAME: of 3/14/00	
STREET ADDRESS: <input type="checkbox"/> Delete		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Delete		CITY-ST-ZIP: 300003172979--2	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Delete		NAME: -03/16/00--018000015	
STREET ADDRESS: <input type="checkbox"/> Delete		STREET ADDRESS: *****50.00 *****50.00	
CITY-ST-ZIP: <input type="checkbox"/> Delete		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Delete		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Delete		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Delete		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: **Michael D. Scarfo** DATE: **2-28-00** DAYTIME PHONE #: **407-359-1771**

Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)