

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90006 018 \*\*\*\*50.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**SCARFO, MICHAEL D  
1314 WINTER SPRINGS BLVD.  
WINTER SPRINGS FL 32708**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>M.E.M. MANAGEMENT LIMITED PARTNERSHIP</b>	
STREET ADDRESS	<b>1314 WINTER SPRINGS BLVD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE RECEIVED****Michael D. Scarfo - GP M.E.M. Capital MGT, LP****2/5/02****407-359-1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)