2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 007 ***150.00

DOCUMENT # P01000116610

1. Entity Name
NORMANDY II MANAGER INCORPORATED

Principal Place of Business	Mailing Address
501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133	501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3250 Mary Street	3250 Mary Street
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: Suite 402
City & State: Coconut Grove	City & State: Coconut Grove, Fl
Zip: 33133 / Country:	Zip: 33133 / Country:

04012008 Chg-P CR2E034 (12/06)

4. FEI Number: 74-3028350 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASSENHEIMER, JAMES D JAMES D. GASSENHEIMER P.A. 3250 MARY STREET, SUITE 307 COCONUT GROVE, FL 33133	Name: Michael Goldberg Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street Suite 402 City: Coconut Grove FL Zip Code: 33133

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 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	BERMAN, DANA	NAME	Michael Goldberg (Receiver)
STREET ADDRESS	3250 MARY STREET, STE 501	STREET ADDRESS	3250 Mary Street STE 402
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	Coconut Grove, Fl. 33133
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, DAREN	NAME	
STREET ADDRESS	3250 MARY STREET, STE 501	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #