

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 11, 2008  
Secretary of State**

DOCUMENT# L05000117560

Entity Name: NICOLE M. BURNS, LLC

**Current Principal Place of Business:**

3304 BRACKEN FERN DRIVE  
ST. CLOUD, FL 34773 US

**New Principal Place of Business:**

**Current Mailing Address:**

3304 BRACKEN FERN DRIVE  
ST. CLOUD, FL 34773 US

**New Mailing Address:**

FEI Number: 20-3916112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNS, NICOLE M  
3304 BRACKEN FERN DRIVE  
ST. CLOUD, FL 34773 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURNS, NICOLE M  
Address: 3304 BRACKEN FERN DRIVE  
City-St-Zip: ST CLOUD, FL 34773 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLE M. BURNS

MGR

04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date