

ore May 1, 1999 or Limited Liability Company will be
 \$ 400.00 LATE FEE.

LD LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 APR 14 PM 1:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000003055
 NICKERSON BROTHERS, L.L.C.
 3206 STEVE ROBERTS SPEC ROAD
 ZOLFO SPRINGS FL 33890

1a. Principal Place of Business Address
 3206 STEVE ROBERTS SPEC ROAD
 ZOLFO SPRINGS FL 33890

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
 12/08/1998

3a. State of Formation
 FL

4. FEI Number
 Applied For
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 NICKERSON, JOE D
 3206 STEVE ROBERTS SPEC ROAD
 ZOLFO SPRINGS FL 33890

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when report is signed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	NICKERSON, JOE D	3206 STEVE ROBERTS SPEC RO	ZOLFO SPRINGS FL
MGR	NICKERSON, CHRIS R	3206 STEVE ROBERTS SPEC RO	ZOLFO SPRINGS FL

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 ****188.75 ****188.75

lc
4-19-99

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Chris Nickerson*