


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003055 1. Entity Name NICKERSON BROTHERS, L.L.C.	
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Principal Place of Business 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890	Mailing Address 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890
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2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E083 (10/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3571670 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	NICKERSON, JOE D	<input type="checkbox"/>
STREET ADDRESS	3206 STEVE ROBERTS SPEC ROAD	
CITY- ST- ZIP	ZOLFO SPRINGS FL 33890	
TITLE	MGR	<input type="checkbox"/>
NAME	NICKERSON, CHRIS R	<input type="checkbox"/>
STREET ADDRESS	3206 STEVE ROBERTS SPEC ROAD	
CITY- ST- ZIP	ZOLFO SPRINGS FL 33890	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000339863		
NAME	04/28/05-80094-008 50.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #