


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90176 005 \*\*\*\*50.00

**DOCUMENT # L9800003055**  
 1. Entity Name  
**NICKERSON BROTHERS, L.L.C.**



Principal Place of Business Mailing Address  
**3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890**

30001000



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3571670** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$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 *Chris Nickerson* DATE **1-25-06**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Joe D Nickerson* DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



ATTACHMENT

30001583

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

NICKERSON BROTHERS, L.L.C.  
3206 STEVE ROBERTS SPEC ROAD  
ZOLFO SPRINGS, FL 33890

Subject: NICKERSON BROTHERS, L.L.C.

Reference Number: 198000003055

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION