2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # L98000003055 1. Entity Name NICKERSON BROTHERS, LL.C. Principal Place of Business Mailing Address 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-3571670 Not Applicable Country \$5.00 Additional Zip Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICKERSON, JOE D Street Address (P.O. Box Number is Not Acceptable) 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890 City 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBÉRS/MANAGERS ADDITIONS/CHANGES 10, 9. ☐ Change Additio THEF TITLE MGR Delete NICKERSON, JOE D NAME NAME STREET ADDRESS 3206 STEVE ROBERTS SPEC ROAD STREET ADDRESS U00000339863 ZOLFO SPRINGS FL 33890 CHTY-ST-ZIP CITY-SI-ZIP /28/05-80094-008 ☐ Addesi ☐ Delete TITLE TITLE MGR NAME NICKERSON, CHRIS R NAME STREET ADORESS STREET ADDRESS 3206 STEVE ROBERTS SPEC ROAD CITY-ST-ZIP ZOLFO SPRINGS FL 33890 CITY-ST-7P ☐ Change Additio ☐ Delete HitE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additti. THILE Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Additto ☐ Delete Change Ditt TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYAED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone ∉