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

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State DOCUMENT # L05000106589 1. Entity Name 03-29-2006 90022 023 ****50.00 ST. NICK'S LLC Principal Place of Business Mailing Address 7240 55TH AVE. E BRADENTON FL 34203 P.O. BOX 5363 SARASOTA FL 34277 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 51-0560296 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALVANO, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** 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, typed or printed name of registered agent and title it applicable (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, 2006 ... MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE Change Addition TITLE MGRM Delete NAME MILLENNIUM REAL PROPERTY INVESTMENTS, INC. STREET ADDRESS STREET ADDRESS 7240 55TH AVE. E CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 Change ☐ Addition TITLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition A nn.c NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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