

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90033 043 ****50.00

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03212005 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # L00000006372 | |  | |
| 1. Entity Name M.L. NIRO, L.C. | | | |
| Principal Place of Business 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459 US | | Mailing Address 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459 US | |
| 2. Principal Place of Business 40 Claron Dr. | | 3. Mailing Address 40 Claron Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Panama City Beach, FL | | City & State Panama City Beach, FL | |
| Zip 32413 | Country | Zip 32413 | Country |
| 4. FEI Number 65-1012045 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NICHOLAS, LANCE G 1719 S. CO. HWY. 393 SANTA ROSA BEACH, FL 32459 | | 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 _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROTTNER, MICHAEL L 10195 HIGH FALLS POINTE ALPHARETTA, GA 30022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NICHOLAS, LANCE G 1719 S. CO. HWY. 393 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm Nicholas Lance G 40 Claron Dr. Panama City Beach, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I 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 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 # _____ | |