


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90016 002 \*\*\*\*50.00

<b>DOCUMENT # L00000011014</b> 1. Entity Name <b>NICHEDIRECTORIES, LLC</b>					
Principal Place of Business <b>2500 NORTH MILITARY TRAIL STE 450 BOCA RATON, FL 33431 US</b>			Mailing Address <b>2500 NORTH MILITARY TRAIL STE 450 BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>65-1040150</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BALMAN, RICHARD ESQ SACHS SAZ &amp; KLEIN, PA 301 YAMATO RD. ST 4150 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SLOANE, BARRY 6421 CONGRESS AVE. #200 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2500 N. MILITARY TRAIL, SUITE 450 BOCA RATON, FL 33431</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZINK, GREG 2500 N MILITARY TRAIL STE 450 BOCA RATON, FL 33431</b> <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	<b>MGR MILLER, EUGENE 2500 N MILITARY TRAIL STE 450 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MONDA, JEFFALY 2500 N. MILITARY TRAIL, SUITE 450 BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIAMOND, NANCY 2500 N MILITARY TRAIL STE 459 BOCA RATON, FL 33431</b> <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	<b>MGR RUBIN, JEFF 2500 N MILITARY TRAIL STE 450 BOCA RATON, FL 33431</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GREEN, ADRIENNE 2500 N. MILITARY TRAIL, SUITE 450 BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: _____, GREGORY L. ZINK, MGR, 3/28/06 443-2924</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					