
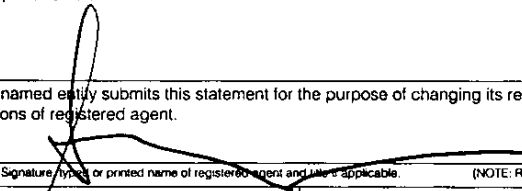
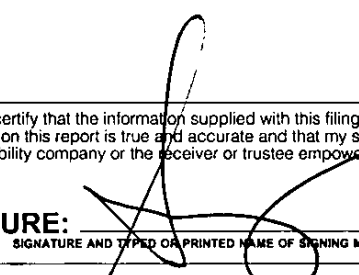


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 016 ****50.00

DOCUMENT # L01000005388 1. Entity Name NIDICH I, L.L.C.					
Principal Place of Business 815 N GARLAND AVENUE ORLANDO, FL 32801			Mailing Address P.O BOX 547757 ORLANDO, FL 32854-7757		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3711030	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOOPER, JAMES 815 N GARLAND AVE ORLANDO, FL 32801			Name SUSAN M. HOOPER Street Address (P.O. Box Number is Not Acceptable) 815 N. GARLAND AVENUE City ORLANDO		
			FL Zip Code 32801		
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  MGRM DATE 4/27/06 <small>Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOPER, JAMES R 344 MEDORA STREET AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSAN M. HOOPER 815 N. GARLAND AVENUE ORLANDO, FL 32801 <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 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.					
SIGNATURE: 			Date 4/27/06 Daytime Phone # 407-549-0167		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20043077



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3711030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOPER, JAMES
815 N GARLAND AVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
SUSAN M. HOOPER
Street Address (P.O. Box Number is Not Acceptable)
815 N. GARLAND AVENUE

City
ORLANDO FL Zip Code
32801

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Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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STREET ADDRESS
CITY-ST-ZIP
MGRM
HOOPER, JAMES R
344 MEDORA STREET
AUBURNDAL, FL 33823 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP
MGRM
SUSAN M. HOOPER
815 N. GARLAND AVENUE
ORLANDO, FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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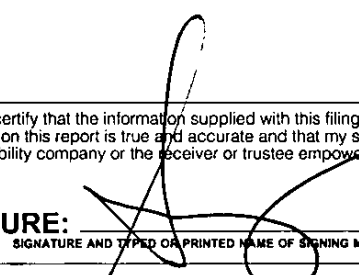
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SIGNATURE:  Date 4/27/06 Daytime Phone # 407-549-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE