2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90038 016 ****50.00 DOCUMENT # L01000005388 1. Entity Name NIDICH I, L.L.C. PARTITION Principal Place of Business Mailing Address 815 N GARLAND AVENUE P.O BOX 547757 ORLANDO, FL 32854-7757 ORLANDO, FL 32801 03302007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3711030 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOOPER, SUSAN M DO NOT WRITE 815 N GARLAND AVE ORLANDO, FL 32801 IN THIS SPACE 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 if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HOOPER, SUSAN M 815 N GARLAND AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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: TYNED OR PRINTED ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND

STREET ADDRESS CITY-ST-ZIP

FILED