2006 LIMITED LIABILITY COMPANY

FILED Jul 05, 2006 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # L0200001693 1. Entity Name NICK ANDERSON & COMPANY, LLC							07-05-2006	90104 ()13 ****55	.00
NICK AN	DERSON	I & COMPANY, LLC	;	1000					_	
Principal Plac		SOUTION								
540 GLENGATE COVE			Mailing Address 540 GLENGATE COVE							
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2. Principal Place of Business						† [
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			07032006	Chg-LLC	CR2I	E083 (11/05)	
ONANCO, Florida			City & State			4. FEI Numl	per PPLICABLE		— — —	pplied For at Applicable
3280	2809 Country US4		Zīp	ipCountry		-5 Certificat	e of Status Desired	-X-	\$5.00 Add	litional_ d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
F&LCOR	₽P			Nam	9					
200 LAURA ST. JACKSONVILLE, FL 32202					t Address (P.O. Box Numl	ber is Not Acceptab	le)		
or to the ort	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 02202		City						
								F	L Zip Cod	е
		y submits this statement for	the purpose of changing its	registered office	or register	red agent, or b	oth, in the State of F	iorida. I a	m familiar with,	and accept
the obligat	tions of regist	tered agent.								
SIGNATURE	Skrashire timed	or printed name of registered agent ar	ri title if annilicable. (NOT	E: Registered Agent si	nnatura ramièra	d when reinstation)		DATE		
			,			•				
Filing Fee is \$50.00 Due by September 6, 2006									payable to ment of Stat	9
		nber 6, 2006								
9.		MANAGING MEMBER	IS/MANAGERS	10.			}		ES	
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11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTER NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE