

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031505

Entity Name: NICEVILLE PROPERTIES, LLC

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

789 MIRACLE STRIP PKWY. EAST  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

789 MIRACLE STRIP PKWY. EAST  
MARY ESTHER, FL 32569

**New Mailing Address:**

FEI Number: 38-3666137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLARD, GEORGE A  
789 MIRACLE STRIP PKWY. EAST  
EAST MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

WILLARD, GEORGE A  
789 MIRACLE STRIP PKWY. EAST  
MARY ESTHER, FL 32569 US

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.

SIGNATURE: G.A.WILLARD

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLARD, GEORGE A MR  
Address: 789 MIRACLE STRIP PKWY. EAST  
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM ( ) Delete  
Name: WILLARD, BARBARA J MS  
Address: 789 MIRACLE STRIP PKWY. EAST  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G.A.WILLARD

MGR

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date