

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004848

Entity Name: NICHOLSON CONSULTING, LLC

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

2269 W. SILVER PALM DRIVE
BOCA RATON, FL 33432

New Principal Place of Business:

2200 NW CORPORATE BLVD. SUITE 408
BOCA RATON, FL 33431

Current Mailing Address:

2269 W. SILVER PALM DRIVE
BOCA RATON, FL 33432

New Mailing Address:

2200 NW CORPORATE BLVD. SUITE 408
BOCA RATON, FL 33431

FEI Number: 35-2198275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, JENNIFER S ESQUIRE
C/O LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD, #501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

NICHOLSON, PETER J
2200 NW CORPORATE BLVD. SUITE 408
BOCA RATON, FL 33431 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: PETER J NICHOLSON

02/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NICHOLSON, PETER J
Address: 2269 W. SILVER PALM DRIVE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICHOLSON, PETER J
Address: 2200 NW CORPORATE BLVD. SUITE 408
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER J NICHOLSON

CEO

02/23/2005

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