


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90123 049 ****50.00

DOCUMENT # L03000021139	
1. Entity Name NICHOLS EXECUTIVE SEARCH GROUP, LLC	

Principal Place of Business PO BOX 1385 WINDERMERE, FL 34786	Mailing Address PO BOX 1385 WINDERMERE, FL 34786
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24063102

2. Principal Place of Business 7680 UNIVERSAL BOULEVARD	3. Mailing Address 7680 UNIVERSAL BOULEVARD
Suite, Apt. #, etc. #424	Suite, Apt. #, etc. #424
City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA
Zip 32819	Country USA

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1673324	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name CHRISTOPHER M. NINOS C.P.A.
Street Address (P.O. Box Number is Not Acceptable) 1600 SOUTH DIXIE HIGHWAY
SUITE #503
City BOCA RATON
State FL
Zip Code 33432

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 <i>Christopher M. Ninos C.P.A.</i>	CHRISTOPHER M. NINOS C.P.A.	DATE 04-26-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i>	Date <i>4-27-04</i> Daytime Phone # <i>407 352 0113</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	