2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000029857

1. Entity Name
NICHOLS ASSOCIATES, LLC



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

22456 PANTHER LOOP BRADENTON, FL 34202

DO

STREET ADDRESS CITY-ST-ZIP

TITLE NAME "STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE. NAME. -STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

22456 PANTHER LOOP BRADENTON, FL 34202

US



01212007 No Chg-LLC

CR2E083 (11/05)

	4. FEI Number NOT APPLICABLE		Applied For Not Applicable
			\$5.00 Additional
ł	5. Certificate of Status Desired	\Box	Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, WALTER J JR. 22456 PANTHER LOOP BRADENTON, FL 34202 BRADL

22456 PANTHER LOOP

BRADENTON, FL 34202

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	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or both, in the	he State of Florida. I am familiar with, and acce	pt		
SIGNATURE.		NOT D	DATE			
	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
D D	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE.	MGR					
NAME	NICHOLS, WALTER J JR.					
STREET ADDRESS	22456 PANTHER LOOP					
STREET ADDRESS	BRADENTON, FL 34202					
TITLE	MGRM					
NAME_	NICHOLS, IRENE M		•			

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U00000743384 05/15/07-80106-022 50.00

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: AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Deptime Phone of