

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044865

FILED
Mar 19, 2005
Secretary of State

Entity Name: NIGEL P. FULLICK LIMITED LIABILITY COMPANY

Current Principal Place of Business:

41 COMPASS ISLAND
FORT LAUDERDALE, FL 33317

New Principal Place of Business:

41 COMPASS ISLAND
FORT LAUDERDALE, FL 33308

Current Mailing Address:

41 COMPASS ISLAND
FORT LAUDERDALE, FL 33317

New Mailing Address:

41 COMPASS ISLAND
FORT LAUDERDALE, FL 33308

FEI Number: 27-0069871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REILLY, MICHAEL
41 COMPASS ISLAND
FORT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

REILLY, MICHAEL
41 COMPASS ISLAND
FORT LAUDERDALE, FL 33308 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:

03/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FULLICK, NIGEL P
Address: 6701 CYPRESS ROAD UNIT 110
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: REILLY, MICHAEL T
Address: 41 COMPASS ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: MGR (X) Change () Addition
Name: REILLY, MICHAEL T
Address: 41 COMPASS ISLAND
City-St-Zip: FORT LAUDERDALE, FL 33308

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 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: NIGEL P. FULLICK

MGR

03/19/2005

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