

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056141

Entity Name: SHOP NIKKI, LLC

FILED  
May 11, 2005  
Secretary of State

## Current Principal Place of Business:

DIPLOMAT LANDING, UNIT 109F3  
3210 S OCEAN DR  
HOLLYWOOD, FL 33019

## New Principal Place of Business:

## Current Mailing Address:

DIPLOMAT LANDING, UNIT 109F3  
3210 S OCEAN DR  
HOLLYWOOD, FL 33019

## New Mailing Address:

1 OCEAN DRIVE  
4TH FLOOR  
MIAMI BEACH, FL 33139

FEI Number: 20-1076745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FIELDSTONE, RONALD  
201 ALHAMBRA CIR, STE 601  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

REGISTER, MICHAEL  
1 OCEAN DRIVE  
4TH FLOOR  
MIAMI BEACH, FL 33139      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: MICHAEL REGISTER

05/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P      ( ) Delete  
Name: PENROD, JACK  
Address: ONE OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

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 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: JACK PENROD

P

05/11/2005

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