


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000056141 1. Entity Name SHOP NIKKI, LLC	
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Principal Place of Business DIPLOMAT LANDING, UNIT 109F3 3210 S OCEAN DR HOLLYWOOD, FL 33019	Mailing Address 1 OCEAN DRIVE 4TH FLOOR MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



07262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1076745	Applied For 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 REGISTER, MICHAEL 1 OCEAN DRIVE 4TH FLOOR MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

000000772146
09/16/07-80003-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENROD, JACK ONE OCEAN DR MIAMI BEACH, FL 33139
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11. I hereby certify that the information supplied with this filing 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:  **OMAR R BLANES** **7/26/2007** **305-538-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #