


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000000045 1. Entity Name NIKOMAS PROPERTIES, LLC	
--	---

Principal Place of Business
**PO BOX 522
BOCA GRANDE, FL 33921**

Mailing Address
**PO BOX 522
BOCA GRANDE, FL 33921**



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0429753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMAN, JULES
2960 S MCCALL RD
ENGLEWOOD, FL 34224**

**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 Ann Roman
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4-24-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, JULES PO BOX 522 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, ANN PO BOX 522 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000745685
05/16/07-80038-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-07
Date

941-735-4975
Daytime Phone #