

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



**FILED**  
05 MAR 25 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000001041</b> 1. Entity Name <b>PATRICK NICHOLS, LLC</b>					
Principal Place of Business 3329 SW 57 AVE DAVIE FL 33314 US		Mailing Address 3329 SW 57 AVE DAVIE FL 33314 US			
2. Principal Place of Business <i>SAME</i> Suite, Apt. #, etc. <i>SAME</i> City & State <i>SAME</i> Zip <i>SAME</i>		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc. <i>SAME</i> City & State <i>SAME</i> Zip <i>SAME</i>			
4. FEI Number <i>267727846</i>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NICHOLS, PATRICK</b> <b>3329 SW 57 AVE</b> <b>DAVIE FL 33314</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 <i>Patrick Nichols</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>3-21-05</i>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, PATRICK J 3329 SW 57 AVE DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600049371106 03/29/05--01060--010 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <i>Patrick Nichols</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>3-21-05</i> 954-4658503 <small>Daytime Phone #</small>	