


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 25 PM 2:44

DOCUMENT # L04000001041 1. Entity Name PATRICK NICHOLS, LLC	
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Principal Place of Business 9489 NW 19 PLACE SUNRISE, FL 33322 US	Mailing Address 9489 NW 19 PLACE SUNRISE, FL 33322 US
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2. Principal Place of Business - No P.O. Box # <i>9489 NW 19 PL</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05122010 Chg-LLC CR2E083 (11/08)

City & State <i>SUNRISE, FL</i>	City & State <i>SAME</i>
Zip <i>33322</i>	Country <i>BROWARD</i>

4. FEI Number 26-7727846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent NICHOLS, PATRICK 9489 NW 19 PLACE SUNRISE, FL 33322
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Patrick J. Nichols* DATE: *5-20-10*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, PATRICK J 9489 NW 19 PLACE SUNRISE, FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>000181313830</i> <i>000181313830</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>05/25/10--01010--009 **143.75</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, PATRICK JOSEPH II 9489 NW 19 PLACE SUNRISE, FL 33322	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
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 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: *Patrick J. Nichols* DATE: *5-20-10* DAYING PHONE #: *954 882-1899*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MAY 26 2010