


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90028 020 \*\*\*\*50.00

**DOCUMENT # L04000020582**

1. Entity Name  
**NI (SARASOTA), LLC**




Principal Place of Business      Mailing Address  
**11780 U.S. HIGHWAY #1, STE 500**      **11780 U.S. HIGHWAY #1, STE 500**  
**NORTH PALM BEACH, FL 33408**      **NORTH PALM BEACH, FL 33408**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03282007    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**20-0450322**      Applied For  
 Not Applicable

5. Certificate of Status Desired     \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SCHNARE, JAMES H II**  
**11780 U.S. HIGHWAY #1, STE 500**  
**NORTH PALM BEACH, FL 33408**

Name  
**HAILE, SHAW + PFAFFENBERGER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**660 U.S. HIGHWAY ONE, 3RD FLOOR**  
 City  
**NORTH PALM BEACH FL**      Zip Code  
**33408**

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 *Chris D. Tai Asst. Sec.*      DATE 4-17-07

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

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, / NICKLAUS, GARY T 11780 U. S. HIGHWAY ONE, STE#500 NORTH PALM BEACH, FL 33408 <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
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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: *Gary T. Nicklaus*      GARY T. NICKLAUS 4.17.07 561-227-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #