2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000020582

1. Entity Name
NI (SARASOTA), LLC

Principal Place of Business

Mailing Address

11780 U.S. HIGHWAY #1, STE 500 NORTH PALM BEACH, FL 33408 11780 U.S. HIGHWAY #1, STE 500 NORTH PALM BEACH, FL 33408

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90025 018 ***138.75

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03172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0450322

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

HAILE, SHAW & PFAFFENBERGER 660 U.S. HIGHWAY ONE, 3RD FLOOR NORTH PALM BEACH, FL 33408

SIGNATURE AND TOPED O

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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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKLAUS, GARY T 11780 U. S. HIGHWAY ONE, STE#500 NORTH PALM BEACH, FL 33408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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