


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022385 1. Entity Name NIKKI VIP, LLC	
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Principal Place of Business ONE OCEAN DRIVE 4TH FLOOR MIAMI BEACH, FL 33139	Mailing Address ONE OCEAN DRIVE 4TH FLOOR MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0942594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REGISTER, MICHAEL ONE OCEAN DRIVE MIAMI BEACH, FL 33139
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

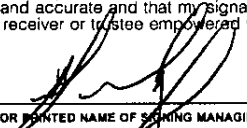
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENROD, JACK 317 N. COCONUT LANE MIAMI BEACH, FL 33139
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07/28/06-80001-013 \$0.00

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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:  **STEVE SAVOLA - GENERAL COUNSEL** 7.24.06 (305) 538-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #