2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000030393

1. Entity Name
NICHOLS INVESTMENTS, LLC



FILED Feb 17, 2006 08:00 AM Secretary of State

Principal Place of Business

2620 CARTER LANE LAKE WORTH, FL 33460 Mailing Address

2620 CARTER LANE LAKE WORTH, FL 33460



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1011964 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davtime Phone #

 Name and Address of Current Registered Age 	

NICHOLS, MARK 2620 CARTER LANE LAKE WORTH, FL 33460

SIGNATURE:

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		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	l Conging its registered affice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	PROTE: Registered Agent signature required when reinstating)	DATE	
FI	lling Fee is \$50.00 ue by May 1, 2006			
g.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, MARK 2820 CARTER LANE LAKE WORTH, FL 33460		#H0000043795\$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/28/06-80 067-008 50.00	
itile Name Street address City-SI-ZIP		DO	NOT WRITE	
ITLE NAME SIRELI ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STITEET ADDRESS CITY-ST-ZIP				
ITILE NAME STREET ADDRESS CITY-ST-ZIP	1			
11. I hereby of indicated limited lia	certify that the information supplied with this liling does not on this report is true anglescurate and that my signature subility company or the versioner or justee empowered to exe	quality for the exemptions contained in Chapter 1: half have the same legal effect as if made under count this report as required by Chapter 608, Floric	 Florida Statutes. I further certify that the information ath, that I am a managing member or manager of the la Statutes. 	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, DR ANTHORIZED REPRESENTATIVE