## 2007 LIMITED LIABILITY COMPANY

SIGNATURE AND TYPED OR P

## **FILED** ANNUAL REPORT Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # L04000030393** NICHOLS INVESTMENTS, LLC Principal Place of Business Mailing Address 2620 CARTER LANE **2620 CARTER LANE** LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 03142007 No Chg-LLC \_\_\_\_ CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1011964 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NICHOLS, MARK DO NOT WRITE 2620 CARTER LANE LAKE WORTH, FL 33460 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NICHOLS, MARK NAME STREET ADDRESS 2620 CARTER LANE U00000689685 LAKE WORTH, FL 33460 CITY-ST-7IP 04/11/07-80045-011 50.00 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplindicated on this report is true and accordinated liability company or the received. dwith this lifting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information to 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

D NAME OF MIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-632-972<u>5</u>

Daytime Phone #