


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90028 023 \*\*\*\*50.00

<b>DOCUMENT # L04000055125</b> 1. Entity Name <b>NICKLAUS INVESTMENTS, LLC</b>					
Principal Place of Business <b>11780 U.S. HIGHWAY #1 SUITE 500 NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>11780 U.S. HIGHWAY #1 SUITE 500 NORTH PALM BEACH, FL 33408</b>		
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		
6. Name and Address of Current Registered Agent  <b>SCHNARE, JAMES H II 660 U.S. HIGHWAY #1 THIRD FLOOR NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name <b>HAILE, SHAW &amp; PFAFFENBERGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1605 U.S. Highway One</b> <b>3207 floor</b> City <b>N. Palm Beach, FL</b> Zip Code <b>33408</b>	
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 <u><i>[Signature]</i></u> <b>Asst. Sec.</b> DATE <b>4-17-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR NICKLAUS, GARY 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408</b> <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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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	
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 <u><i>[Signature]</i></u> <b>GARY T. NICKLAUS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4.17.07</b> DAYTIME PHONE # <b>561.227.0300</b>		

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4. FEI Number 20-1449423 Applied For Not Applicable

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