2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 08:00 Al Secretary of State

Daytime Phone #

Date

ANNUAL REPORT				May 02, 2006 08:00	
DOCUMENT # L04000067981				Sec	retary of State
1. Entity Nam	e				-
NIK'S AU	JTOCRAFT, L.C.				
	<u>,</u>	<u> </u>	SH P		
Principal Place		Mailing Address			
431 21ST ST JACKSONVILL	IREET E LE, FL 32206	431 21ST STREET E JACKSONVILLE, FL 32206			
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			-		
DO NOT WRITE IN THIS SPACE			CE	01232006No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPA			OL.	4. FEI Number 33-1101927	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	5. Name and Address of Current I	Registered Agent		<u> </u>	Fee Required
DRAGOVIC, MILAN 431 21ST STREET E			DO NOT WRITE		
JACKSONVILLE, FL 32206				IN THIS SP	ACE
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					
	tions of registered agent.	the parpoon of ortanging the regions.	or amoral regions.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when retreatung) OATE					
Fi D	iling Fee is \$50.00 ue by May 1, 2006				28.7
9.	MANAGING MEMBE	RS/MANAGERS .	-		
TITLE NAME	DRAGOVIC, MILAN			10 00 00	559421
STREET ADDRESS	431 21ST STREET E			05/17/06-	559421 80136-013 50.00
CITY-SI-ZIP	JACKSONVILLE, FL 32206	<u></u>	1	and the second s	•
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE		<u>. </u>	-		
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE		· _ · · · <u>- · · · · · · · · · · · · · · · </u>	1	IN THIS SP	ACE
NAME					ACL
STREET ADDRESS CITY-ST-ZIP					
TITLE		<u> </u>	1		
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CITY-ST-ZIP]		
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NAME STREET ADDRESS					
CITY- ST-ZIP					
11. I hereby indicated limited lis	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truste	this filing does not qualify for the extended that my signature shall have the sale empowered to execute this report	exemptions containe ame legal effect as as required by Cha	ed in Chapter 119, Florida Statutes. if made under oath, that I am a mar apter 608, Florida Statutes.	further certify that the information naging member or manager of the

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SIGNATURE AND TYPED OR PRINTED NAME OF SIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: