
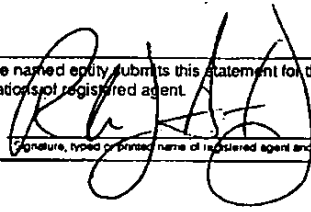
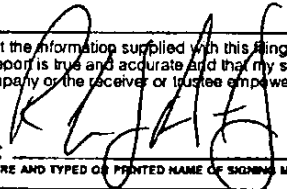


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-01-2005 90102 019 ****50.00

DOCUMENT # L04000071133			
1. Entity Name NICK'S LEHIGH LAND COMPANY, LLC			
Principal Place of Business 5911 S.W. 199TH AVENUE PEMBROKE PINES FL 33332		Mailing Address 5911 S.W. 199TH AVENUE PEMBROKE PINES FL 33332	
2. Principal Place of Business 4040 SW 30 Ave		3. Mailing Address 4040 SW 30 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, Fl.		City & State Ft. Lauderdale, Fl.	
Zip 33312		Zip 33312	
Country USA		Country USA	
4. FEI Number 11-3728006		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 AMATO, RALPH J JR 5911 S.W. 199TH AVENUE PEMBROKE PINES FL 33332		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE May 12, 2005	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMATO, RALPH J JR 5911 S.W. 199TH AVENUE PEMBROKE PINES FL 33332 <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
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 exemption stated in Section 119.07(3)(i), 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: 		Date 5/12/2005 954-791-2740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	