

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080075

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: NICOLAS RETAIL CENTER, LLC

**Current Principal Place of Business:**

568 9TH STREET SOUTH, SUITE 137  
NAPLES, FL 34102

**New Principal Place of Business:**

568 9TH STREET SOUTH  
SUITE 137  
NAPLES, FL 341026620 US

**Current Mailing Address:**

568 9TH STREET SOUTH, SUITE 137  
NAPLES, FL 34102

**New Mailing Address:**

568 9TH STREET SOUTH  
SUITE 137  
NAPLES, FL 341026620 US

FEI Number: 20-1837819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIDER, CRAIG G ESQ.  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 34103 US

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.

SIGNATURE: CRAIG D GRIDER

03/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURKE, NORMAN C  
Address: 568 9TH STREET SOUTH, SUITE 137  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURKE, NORMAN C  
Address: 568 9TH STREET SOUTH, SUITE 137  
City-St-Zip: NAPLES, FL 341026620

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN C BURKE

MGR

03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date