

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90351 020 \*\*\*\*50.00

**DOCUMENT # L04000086592**

**1. Entity Name**  
**NIKAT PROPERTIES, LLC**



**Principal Place of Business**  
701 BOYSENBERRY CT.  
WINTER SPRINGS, FL 32708 US

**Mailing Address**  
701 BOYSENBERRY CT.  
WINTER SPRINGS, FL 32708 US

**20015031**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032006 Chg-LLC CR2E083 (11/05)

**4. FEI Number**  
**14-1918683**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MEDLEY, KATHLEEN A  
701 BOYSENBERRY CT.  
WINTER SPRINGS, FL 32708

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**

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, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
ELLIS, NICHOLAS J  
701 BOYSENBERRY CT.  
WINTER SPRINGS, FL 32708 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
MEDLEY, KATHLEEN A  
701 BOYSENBERRY CT.  
WINTER SPRINGS, FL 32708 ☐ Delete

**TITLE**  
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**STREET ADDRESS**  
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☐ Change ☐ Addition

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☐ Change ☐ 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:**

*Kathleen A. Medley*

**3/8/2006**

**407-699-0487**

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

Date

Daytime Phone #