

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001543

Entity Name: NILSSON COMPANIES, LLC

FILED  
Jul 27, 2006  
Secretary of State

## Current Principal Place of Business:

1520 13TH STREET SW  
NAPLES, FL 34117

## New Principal Place of Business:

2690 48TH TERRACE SW  
NAPLES, FL 34116

## Current Mailing Address:

1520 13TH STREET SW  
NAPLES, FL 34117

## New Mailing Address:

2690 48TH TERRACE SW  
NAPLES, FL 34116

FEI Number: 42-1656441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NILSSON, FRANK T  
1520 13TH STREET SW  
NAPLES, FL 34117      US

## Name and Address of New Registered Agent:

NILSSON, FRANK T  
2896 50TH STREET SW  
NAPLES, FL 34116      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: \_\_\_\_\_

07/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: NILSSON, FRANK T  
Address: 1520 13TH STREET SW  
City-St-Zip: NAPLES, FL 34117

Title: MGRM      (X) Delete  
Name: NILSSON, ELIZABETH A  
Address: 1520 13TH STREET SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: NILSSON, FRANK T  
Address: 2896 50TH STREET SW  
City-St-Zip: NAPLES, FL 34116

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK T. NILSSON

MGRM

07/27/2006

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