


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90104 010 ****50.00

DOCUMENT # L05000013035 1. Entity Name VEIKKO A NIKULA CONTRACTOR LLC					
Principal Place of Business 6211 NW 14TH COURT SUNRISE, FL 33313			Mailing Address 6211 NW 14TH COURT SUNRISE, FL 33313		
2. Principal Place of Business <i>N/A</i>		3. Mailing Address <i>N/A</i>			
Suite, Apt. #, etc. <i>—</i>		Suite, Apt. #, etc. <i>—</i>			
City & State <i>—</i>		City & State <i>—</i>			
Zip <i>—</i>	Country <i>—</i>	Zip <i>—</i>	Country <i>—</i>	07012006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <i>068-32-6153</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NIKULA, VEIKKO A 6211 NW 14TH COURT SUNRISE, FL 33313			7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) <i>—</i> City <i>—</i> FL Zip Code <i>—</i>		
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. <i>N/A</i> SIGNATURE <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>—</i>					
Filing Fee is \$50.00 Due by September 6, 2006		<i>N/A</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKULA, VEIKKO A 6211 NW 14TH COURT SUNRISE, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>	
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: <i>Veikko A. Nikula</i>			Date <i>7/2-06</i> Daytime Phone # <i>954-383-1003</i>		