# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 18, 2006**
**Secretary of State**

DOCUMENT# L05000019563

**Entity Name:** NEKTAR, LLC

**Current Principal Place of Business:**

849 7TH AVENUE SOUTH, SUITE 101
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

849 7TH AVENUE SOUTH, SUITE 101
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number: 20-2395092** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHOLTEN, TOM
849 7TH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102 US

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

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: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: SCHOLTEN, TOM
Address: 849 7TH AVENUE SOUTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: ALIKAJ, ARMAND
Address: 849 7TH AVENUE SOUTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: ALIKAJ, ELTON
Address: 849 7TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

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

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

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: KATIA FIGUEREDO BOOK 04/18/2006

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