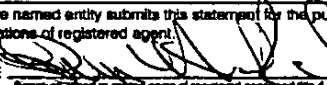
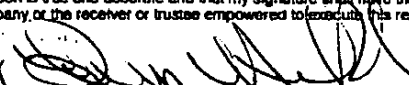


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4/ May 01, 2006 8:00 am
Secretary of State

04-17-2006 90041 006 ****50.00

DOCUMENT # L05000024923			
1. Entity Name NICKELSON PROPERTIES, LLC		Principal Place of Business 126 E. OLYMPIA STREET, STE. 301 PUNTA GORDA, FL 33950	
2. Principal Place of Business		Mailing Address C/O MICHAEL P. HAYMANS, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950	
3. Mailing Address 126 E. Olympia Ave Ste. 301		4. FEI Number 20-2827257	
City & State Punta Gorda		Applied For Not Applicable	
Zip FL		Country 33950	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HAYMANS, MICHAEL P ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950	
7. Name and Address of New Registered Agent Name Kim Nickelson Street Address (P.O. Box Number is Not Acceptable) 126 E. Olympia Ave Ste. 301 City Punta Gorda FL Zip Code 33950		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  DATE 4/13/06 (NOTE: Registered Agent signature required when reappointing)	
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 Kim Nickelson member 751 W. Rytta Esplanade Punta Gorda, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP William M. Nickelson member 751 W. Rytta Esplanade Punta Gorda, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	