FILED
May 01, 2006 8:00 am
Secretary of State
04-17-2006 90041 006 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024923

1. Entity Name
NICKELSON PROPERTIES, LLC

Principal Place of Business	Mailing Address
126 E. OLYMPIA STREET, STE. 301 PUNTA GORDA, FL 33950	C/O MICHAEL P. HAYMANS, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950

03172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	126 E. Olympia ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 301
City & State	City & State Punta Gorda
Zip / Country	Zip FL / Country 33950

4. FEI Number 20-2827257 ☐ 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
HAYMANS, MICHAEL P ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950	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 [signature] DATE 4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. Retta Esplande 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. Retta Esplande 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: [signature] 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #