

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000024923	
1. Entity Name NICKELSON PROPERTIES, LLC	

Principal Place of Business 126 E. OLYMPIA STREET, STE. 301 PUNTA GORDA, FL 33950 US	Mailing Address 126 EAST OLYMPIA AVENUE SUITE 301 PUNTA GORDA, FL 33950 US
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02272007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2827257	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NICKELSON, KIM 126 EAST OLYMPIA AVENUE SUITE 301 PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

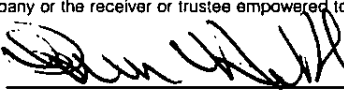
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICKELSON, KIM 751 WEST RETTON ESPLANDE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICKELSON, WILLIAM M 751 WEST RETTON ESPLANDE PUNTA GORDA, FL 33950
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03/27/07-80048-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____