2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000043978

Entity Name: NICMAR PROPERTIES, LLC

Current Principal Place of Business:

200 MICHAEL DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

200 MICHAEL DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-2784375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINNEY, BOB
200 MICHAEL DRIVE
ST. AUGUSTINE, FL 32086 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: BACK, NICOLE
Address: 13313 DANUBE LANE
City-St-Zip: ROSEMOUNT, MN 55068

Title: MGRM ( ) Delete
Name: QUINNEY, MARCEY B
Address: 200 MICHAEL DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM ( ) Delete
Name: MARIE CARLSON, ALYSSA
Address: 408 SUMMERFIELD DRIVE
City-St-Zip: CHANHASSEN, MN 55317

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: CARLSON, ALYSSA M
Address: 408 SUMMERFIELD DRIVE
City-St-Zip: CHANHASSEN, MN 55317

I hereby certify that the information supplied with this filing does not qualify 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: ALYSSA M CARLSON MRS 03/20/2009

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