

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000050550 1. Entity Name NIKKI PHARMACEUTICALS, LLC	
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Principal Place of Business 1861 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 1861 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-4654732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARD F. HOLODAK, P.A.  
 2500 HOLLYWOOD BLVD  
 212  
 HOLLYWOOD, FL 33020

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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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOTTURAN, PAUL DR 1861 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000641135  
02/28/07-80095-013 50.00

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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: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 

Date Day(s) Phone #