


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 009 ****50.00

DOCUMENT # L05000059829	
1. Entity Name NICKOLAKIS FAMILY LIMITED LIABILITY COMPANY	

Principal Place of Business 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689	Mailing Address 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689
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20012292

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 092-48-7358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICKOLAKIS, IRENE A M.D. 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICKOLAKIS, IRENE A M.D. 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Irene A. Nickolakis 2/28/06 938-0714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #