


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90153 003 \*\*\*\*50.00

<b>DOCUMENT # L05000063787</b>					
<b>1. Entity Name</b> NOKOMIS PROPERTIES, LLC					
<b>Principal Place of Business</b> 218 SOUTH MAIN STREET, SUITE 1 LACONIA, NH 03246 US			<b>Mailing Address</b> C/O RIDDELL LAW GROUP 3400 SOUTH TAMiami TRAIL SARASOTA, FL 34239 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-3151833				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RIDDELL, JEFFERSON F ESQ. 3400 SOUTH TAMiami TRAIL SARASOTA, FL 34239			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELTHAM, KAREN 218 SOUTH MAIN STREET, SUITE 1 LACONIA, NH 03246	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, HOWARD 218 SOUTH MAIN STREET, SUITE 1 LACONIA, NH 03246	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>			SIGNATURE: <i>Karen Feltham</i> <i>Howard Warren</i>		
KAREN FELTHAM    HOWARD WARREN			Date: 1/23/06    Daytime Phone #: 603-524-1234		