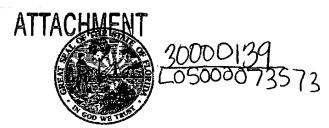
FILED Jan 30, 2006 8:00 am Secretary of State 01-09-2006 90049 006 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENI#LU5UUUU7. ANICKEL, LLC	35/3					
Principal Place of Business 5455 IAEGER ROAD NAPLES, FL 34109		Mailing Address 5455 IAEGER ROAD NAPLES, FL 34109			-		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apl. #, etc.		Chg-LLC	CR2E083 (11/	05)
City & State		City & State	City & State		nber Applied For Not Applied For		Applied For Not Applicable
Zip	Country	Zip	Country		e of Status Desired		Additional
	6. Name and Address of Curren	it Registered Agent	Name	7. Name an	d Address of New R		<u></u>
SOLDAVINI, BRIGID 5455 JAEGER ROAD				s (P.O. Box Num	ber is Not Acceptable	9)	
NAPLES, F	FL 34109						
			City			FL Zip	Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or b	oth, in the State of Flo	orida. I em familier v	with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (MOTE	: Registered Agent eigneture requi	red when remalating)		DATE	:
Filing Fee is \$50.00 Due by May 1, 2008						s chack payable Department of 8	
9,	MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS /	CHANGES	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR SOLDAVINI, BRIGID 5455 JAEGER ROAD NAPLES, FL 34109	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Char	nga 📑 Addilion i
ITILE HAME STREET ADDRESS CITY-ST-ZIP	NATLES, FL 34 103	☐ Delcte	NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🗍 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chau	nge 🗍 Addition
INTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chau	nge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge 🔲 Addition
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Delica	TITLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	·-
11. I hereby a indicated limited lia	certify that the information supplied w on this report is true and accurate ar bility company or the receiver or trus	ith this filing the not qualify to not that multiplicature shall have lee an dowered to execute this	the exemptions containe the same legal effect as i report as required by Cha	od in Chapter 115 f made under oa apter 608, Florida	e, Florida Statutes, I fu th; that I am a manag a Statutes.	urther certify that the ging member or man	information nager of the
SIGNAT	URE:	SIGNING MANAGING MEMBER, MAI	HAGER, OR AUTHORIZED REPRE	ESENTATIVE	Date	Osysme Pho	···



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2006

IF I HAD A NICKEL, LLC 5455 JAEGER ROAD NAPLES, FL 34109

Subject: IF I HAD A NICKEL, LLC

Reference Number:

L05000073573

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION