


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L05000080114</u>	
1. Entity Name <u>M.J. NICHOLS & Associates, LLC</u>	
Document # <u>L05000080114</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>14657 93 St. N.</u>	3. Mailing Address <u>14657 93 St. N.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>West Palm Beach, FL</u>	City & State <u>West Palm Beach, FL</u>
Zip <u>33412</u> Country <u>USA</u>	Zip <u>33412</u> Country <u>USA</u>

4. FEI Number <u>20-3406742</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel & Utrera, P.A.</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1840 Coral Way, 4th Floor</u>	
	City <u>Miami</u> FL	Zip Code <u>33145</u>

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE <u>MG</u>	NAME <u>Operating Manager, Secretary, Treasurer</u>	TITLE	200073400192 <u>05/01/06 01015 005 **55.00</u>
NAME	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] **4/19/06 561-753-0554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

2006 APR 27 P 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)