### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L06000007007**

1. Entity Name

NIEHAUS PROPERTIES, LLC

FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711 4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4737912 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEHAUS, WILLIAM L 4801 OSPREY DRIVE SOUTH, #604 ST. PETERSBURG, FL 33711

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<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both,	in the State of Florida.	ł am familiar wi	th, and a	ccept
SIGNATURE  Signature typed or printed name of registered agent and title 4 applicable	(NOTE Registered Agent argusture required when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75		U00000775748			

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000775748 01/08/08-90041-022 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	SECT			
NAME	NIEHAUS, CAROL R SECTRY			
STREET ADDRESS	4801 OSPREY DR. S. #604			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711			
BHE				
NAME	•			
STREET ADDRESS				
CLTY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-SI-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADORESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the s				

## DO NOT WRITE IN THIS SPACE

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

1/4/2008

Daytime Phone #