## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 22, 2007 8:00 am Secretary of State 07-20-2007 90039 031 \*\*\*\*50.00

## DOCUMENT # L06000012259

1. Entity Nami NIX INVE	STMENTS, LLC			07-20-2007 90039 031 *** 30.00
1761 W. HILLSBORO BLVD., SUITE 402		Mailing Address 1761 W. HILLSBORO BLVD., SUITE 402 DEERFIELD BEACH, FL 33442		
2. Principal Pl	lace of Business - No.P.O. Box #   Sulk   Sulk   W. etc.	3. Mailing Address  Suite, Apt. #, etc.	58th Quet	07162007 Chg-LLC CR2E083 (12/06)
City & State	Apokland FL	City & State PARK	and A	4. FEI Number 2401/8 Applied For Not Applicable
<sup>Zip</sup> 330	The Country USB	zip 33076	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
JAMISON, DAVID W JR. ESQ 777 GLADES ROAD SUITE 300 BOCA RATON, FL 33434				(P.O. Box Number is Not Acceptable)
1	,		City	FL Zip Code
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 Signature, typed or parted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE				
Filing Fee is \$50.00 Due by September 14, 2007  Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZP	GEORGE LAND 18	MX Delete  Aught	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 NG 1118 MMSEL Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33	3076 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 808, Florida Statutes.				
SIGNATURE: 7/16/07 5855				
	SIGNATURE AND TYPED OR PRINTED HOME	SIGNING MANAGING KEMBER, MANAG	ER, OR AUTHORIZED REPRES	SENTATIVE Date Daytime Phone #

BUSINESS CONSULTING & ENHANCEMENT SERVICES

Member: American Institute of Certified Public Accountants Michael, S. Jaffee, CPA, P.A.

Member: Florida Institute of Certified Public Accountants

July 16, 2007

30012475

Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re: Nix Investments, LLC

EIN: 20-4240118

Doc #: L06000012259

Dear Ma'm:

Pursuant to a conversation I had this afternoon with a representative of the Department of State, I am enclosing a check in the amount of \$ 50 to kindly be credited to the 2007 and UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. I believe the cause of this is the result the State does not have the correct mailing address for Nix Investments, LLC. I have made the necessary corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,

Michael S Jaffee, CPA

Phone: 954/430.5855 · Fax: 954/430.5866 \_ 9720 Stirling Road, Suite 212, Cooper City, FL 33024 \_\_\_\_