2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000017718

FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90119 003 ***138.75

| NIKOPRI | | | | | | | | | | | |
|---|---------------------------------|---------------------------------|---|---|--|----------------------|---|------------------|---|------------|--|
| Principal Place of Business | | | Mailing Address | Mailing Address | | | | | | | |
| 299 190TH STREET SUNNY ISLES BEACH, FL 33160 | | | 299 190TH STREET SUNNY ISLES BEACH, FL 33160 | | | 50003841 | | | | | |
| | | | | | | | 0.000 C1111 C6111 C6111 C611 | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04072008 | Chg-LLC | CR2E083 (| <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| City & State | | | City & State | City & State | | | 4. FEI Number Applied For 56-2561004 Not Applicable | | | | |
| Zip | | Country | Zip | Zip Country | | | 5. Certificate of Status Desired | | | | |
| | 6. Name a | nd Address of Curren | t Registered Agent | 7. Name and Address of New Registered Agent | | | | | | | |
| PALITYUT TEODORO I | | | | | Name | | _ | | | | |
| BALUYUT, TEODORO L 299 190TH STREET SUNNY ISLES BEACH, FL 33160 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUNNT ISLES BEAUT, PL 33100 | | | | | | | | <u> </u> | | | |
| | | | | City | | | FL | Zip Code | | | |
| | | | or the purpose of changing | j its register | ed office or regist | tered agent, or bot | h, in the State of Flo | orida. Fam famil | iar with, | and accept | |
| the obligat | tions of register | red agent. | | | | | | | | | |
| SIGNATURE | Ci | printed name of registered ager | And the Honor Control | NOTE: Basisters | d Agent signature requir | and when coinstained | | DATE | | | |
| | Signature, typed or | princed name or registered ager | it and the ir applicable. | MOTE: Negistere | ia Agent signature requi | eo when remstating) | n, 2 n 2 | ± | · | -44 | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | 75 | | | | Make check payable to Florida Department of State | | | | |
| 9. | | MANAGING MEME | ERS/MANAGERS | 10. | | • | ADDITIONS, | CHANGES | | | |
| TITLE | MGR | ********* | ☐ Delete | TITL | | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | BALUYUT, 299 190TH | TEODORO L | | NAM | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | , | .ES BEACH, FL 331 | 60 | | -ST-ZIP | | | | | | |
| TITLE | MGRM | .20 02 1011, 12 001 | ☐ Delete | TITL | | | | п | Change | Addition | |
| NAME | KING, AGN | ES C | L Delete | NAM | į. | | | | Orango | Madition | |
| STREET ADDRESS | 299 190TH | STREET | | STRE | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | SUNNY ISLES BEACH, FL 33160 CIT | | | | -ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | | | Change | ☐ Addition | |
| NAME | | | | NAM | - | | | | | | |
| CITY-ST-ZIP | | | | | ET ADORESS | - | | | | | |
| UIT-SI-ZIF | | | | CITY | L | | | | | | |
| | | | | | -ST-ZIP | | | | Chas:: | □ Address | |
| TITLE | | | ☐ Delete | FITL | -ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITL | -ST-ZIP | | | | Change | Addition | |

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

SIGNATURE: (8

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

☐ Defete

☐ Delete

10 4-14-2008

☐ Change

☐ Change

☐ Addition

☐ Addition

ate Daytime Phon