


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90092 024 \*\*\*538.75

<b>DOCUMENT # L06000089010</b>	
1. Entity Name NIKOTO, LLC	

Principal Place of Business 494 S. ATLANTIC AVE. APT. 215 COCOA BEACH, FL 32931 US	Mailing Address 494 S. ATLANTIC AVENUE APT. 215 COCOA BEACH, FL 32931 US
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**60046577**



2. Principal Place of Business - No P.O. Box # <b>2 SOUTH ATLANTIC AVE</b>	3. Mailing Address <b>2 SOUTH ATLANTIC AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08222008 Chg-LLC CR2E083 (12/06)

City & State <b>COCOA BEACH, FL</b>	City & State <b>Cocoa Beach, FL</b>
Zip <b>32931</b>	Zip <b>32931</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NIKO, MIHATOVIC 494 S. ATLANTIC AVENUE APT. 215 COCOA BEACH, FL 32931</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 Niko Mihatic 9. 21. 08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIHATOVIC, NIKO 494 S. ATLANTIC AVENUE, APT. 215 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIHATOVIC, NIKO 494 S. ATLANTIC AVE. APT 202 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARONJA, TOMISLAV 494 S. ATLANTIC AVENUE, APT. 215 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARONJA, TOMISLAV 494 S. ATLANTIC AVE APT 110 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Niko Mihatic 9. 21. 08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #