


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90096 007 ***138.75

DOCUMENT # L06000094550	
1. Entity Name NICK TEAGUE AND ASSOCIATES LLC	

Principal Place of Business 874 W AMERICAN EAGLE DR ST AUGUSTINE FL 32092 US	Mailing Address 874 W AMERICAN EAGLE DR ST AUGUSTINE FL 32092 US
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2. Principal Place of Business - No P.O. Box # 1861 Mohawk trail	3. Mailing Address 1861 Mohawk trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

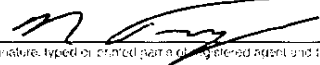
1st MOORE CR2E083 (10/07)

City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Zip 32751
Country US	Country US

4. FEI Number 42-1713503	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TEAGUE, NICHOLAS J 874 W AMERICAN EAGLE DR ST AUGUSTINE FL 32092	
7. Name and Address of New Registered Agent Name Teague, Nicholas J Street Address (P.O. Box Number is Not Acceptable) 1861 Mohawk trail City Maitland FL Zip Code 32751	


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 **1/25/08**
Signature typed or printed name of registered agent and the filer applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEAGUE, NICHOLAS J 874 W AMERICAN EAGLE DR SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Teague, Nicholas J 1861 Mohawk trail Maitland, FL 32751	<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
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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 Section 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:  DATE **1/25/08** DAYTON PAGE # **904-287-4933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE