

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104427

FILED
Apr 12, 2007
Secretary of State

Entity Name: NICOGREG, L.L.C.

Current Principal Place of Business:

23 CHEMIN DE ROCHASSON
MEYLA FRANCE 38240, OC

New Principal Place of Business:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

Current Mailing Address:

23 CHEMIN DE ROCHASSON
MEYLA FRANCE 38240, OC

New Mailing Address:

10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERFATY, CHARLES S
4340 SHERIDAN STREET
SECOND FLOOR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: PATRICK MOYAL

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LACHCAR, GEORGES
Address: 23 CHEMIN DE ROCHASSON
City-St-Zip: MEYLA FRANCE 38240, OC

Title: MGR () Delete
Name: LACHCAR, CATHERINE
Address: 23 CHEMIN DE ROCHASSON
City-St-Zip: MEYLA FRANCE 38240, OC

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LACHCAR CATHERINE

MGR

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date