

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113621

Entity Name: NICHOLAS PLAZA, L.L.C.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

1708 BEACH PARKWAY, UNIT 202  
CAPE CORAL, FL 33904

## New Principal Place of Business:

1708 BEACH PARKWAY  
202  
CAPE CORAL, FL 33904

## Current Mailing Address:

1708 BEACH PARKWAY, UNIT 202  
CAPE CORAL, FL 33904

## New Mailing Address:

1708 BEACH PARKWAY,  
202  
CAPE CORAL, FL 33904

FEI Number: 20-5879079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PARKWAY EAST, SUITE C  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POWELL, MARJORIE TRUSTEE  
Address: 1708 BEACH PARKWAY, UNIT 202  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: POWELL, BILL TRUSTEE  
Address: 1708 BEACH PARKWAY, UNIT 202  
City-St-Zip: CAPE CORAL, FL 33904

## 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 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: MARJORIE POWELL

MGRM

03/02/2009

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