

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055652

FILED
Apr 09, 2012
Secretary of State

Entity Name: NICKLAUS PROJECT MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY #1
SUITE 500
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 U.S. HIGHWAY #1
SUITE 500
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 26-0236810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY #1
THIRD FLOOR
NORTH PALM BEACH, FL 33408 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
Name: NICKLAUS COMPANIES, LLC
Address: 11780 U.S. HWY ONE, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P
Name: NICKLAUS, JACK W II
Address: 11780 U.S. HWY ONE, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP
Name: ARCIOLA, MICHAEL
Address: 11780 U.S. HWY ONE, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP
Name: NICKLAUS, GARY
Address: 11780 U.S. HIGHWAY, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP
Name: SCHNARE, JAMES
Address: 11780 U.S. HIGHWAY, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S
Name: DOTY, DONNA L
Address: 11780 U.S. HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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: DONNA L. DOTY

S

04/09/2012

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