

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033159

Entity Name: NICANDROVEN, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

220 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US

Current Mailing Address:

220 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 26-2315231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 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: PEDRO RAUL PARRA

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CTC MANAGEMENT SERVICES, LLC
Address: 220 ALHAMBRA CIRCLE, 11TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

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: CTC MANAGEMENT SERVICES, LLC

MGR

01/09/2009

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