


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L98000000012. 1. Entity Name NIVJEE, L.C.	
--	---

Principal Place of Business 11813 FOUNTAINSIDE CIRCLE BOYNTON BEACH, FL 33437	Mailing Address C/O VIVIAN A. MARSH-KOLTUN 11813 FOUNTAINSIDE CIRCLE BOYNTON BEACH, FL 33437
---	---

DO NOT WRITE IN THIS SPACE



02272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0802818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSH-KOLTUN, VIVIAN A
11813 FOUNTAINSIDE CIRCLE
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARSH-KOLTUN, VIVIAN A 11813 FOUNTAINSIDE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000249277
03/02/05-80065-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vivian Marsh-Koltun* **2/28/05** (561) 733-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #