
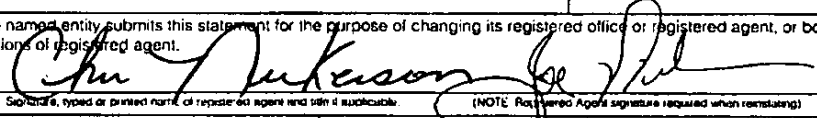


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-06-2006 90176 005 ****50.00

DOCUMENT # L98000003055 1. Entity Name NICKERSON BROTHERS, L.L.C.																													
Principal Place of Business 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890			Mailing Address 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-3571670 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)																									
6. Name and Address of Current Registered Agent NICKERSON, JOE D 3206 STEVE ROBERTS SPEC ROAD ZOLFO SPRINGS FL 33890			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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  DATE 1-25-06 <small>Signature is typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICKERSON, JOE D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3206 STEVE ROBERTS SPEC ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ZOLFO SPRINGS FL 33890</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	NICKERSON, JOE D		STREET ADDRESS	3206 STEVE ROBERTS SPEC ROAD		CITY - ST - ZIP	ZOLFO SPRINGS FL 33890		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.



ATTACHMENT

30001583

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

NICKERSON BROTHERS, L.L.C.
3206 STEVE ROBERTS SPEC ROAD
ZOLFO SPRINGS, FL 33890

Subject: NICKERSON BROTHERS, L.L.C.

Reference Number: 198000003055

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION