

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005746

1. Entity Name

NICHOL STREET INVESTMENTS, LLC



Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602 US

Mailing Address

101 E. KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602 US



03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3597578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 E. KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MICHAELS, JR., J. PATRICK
101 E. KENNEDY BLVD, SUITE 3300
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GORDON, BRAD A
101 E. KENNEDY BLVD, SUITE 3300
TAMPA, FL 33602

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

**DO NOT WRITE
IN THIS SPACE**

U00000492921
04/19/06-80085-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3/29/2006

Date

813-226-8844

Daytime Phone #