

U.S. 15

1. Entity Name
NUKO HOLDINGS I, LLC

FILED

01 JAN 29 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000913

1. Entity Name
NUKO HOLDINGS I, LLC

Principal Place of Business
147 EDMERE WAY SOUTH
NAPLES FL 34105

Mailing Address
147 EDMERE WAY SOUTH
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address
10887 Wilmington Dr
Suite, Apt. #, etc.
City & State
Carmel Indiana
Zip
46033
Country
USA

City & State

City

Zip

Country

4. FEI Number
04-3468802

Applied For
Not Applicable

5. Certificate of Status Desired

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
OKUN, EDWARD
147 EDMERE WAY, SOUTH
NAPLES FL 34105

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
1/25/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
NUKO ENTERPRISES, INC.
147 EDMERE WAY SOUTH
NAPLES FL 34105

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300003631833--2
-02/02/01--01132--027
*****50.00 *****50.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE
1/25/01 (317)502-6637

Daytime Phone #