


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000059993  
1. Entity Name  
FISTIK LLC



Principal Place of Business  
13158 EBBTIDE CT.  
JACKSONVILLE, FL 32225 US

Mailing Address  
13158 EBBTIDE CT.  
JACKSONVILLE, FL 32225 US

**DO NOT WRITE IN THIS SPACE**



01032006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
33-1099153

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GURBUZ, KURT  
13158 EBBTIDE CT.  
JACKSONVILLE, FL 32225

**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)

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

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

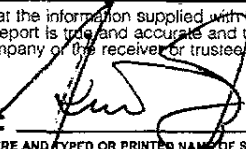
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GURBUZ, KURT
STREET ADDRESS	13158 EBBTIDE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	MGRM
NAME	GURBUZ, GERALDINE
STREET ADDRESS	927 TROPIC BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404420  
02/06/06-80046-013 55.00

**DO NOT WRITE  
IN THIS SPACE**

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  KURT GURBUZ 1/17/06 904 220-6370

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