


**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

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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**

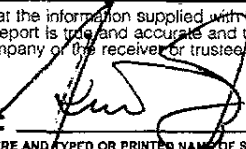
9. MANAGING MEMBERS/MANAGERS

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

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02/06/06-80046-013 55.00

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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 #