

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 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



01192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1099153	Applied For Not Applicable
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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 _____

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, 2007**

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	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/26/07-80013-007 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: MGRM Geraldine Gurbuz 1/22/2007 561-265-4909

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