

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90194 001 \*\*\*\*50.00

<b>DOCUMENT # L01000017067</b>			
<b>1. Entity Name</b> TOP CART ORLANDO, LLC			
<b>Principal Place of Business</b> NORTH TERMINAL LANDSIDE LEVEL-1 ORLANDO INTL AIRPORT ORLANDO, FL 32827-4399		<b>Mailing Address</b> NORTH TERMINAL LANDSIDE LEVEL-1 ORLANDO INTL AIRPORT ORLANDO, FL 32827-4399	
<b>2. Principal Place of Business</b> Orlando International Airport Suite, Apt. #, etc. 9200-A Airport Boulevard City & State Orlando, FL Zip 32827-4399		<b>3. Mailing Address</b> Orlando International Airport Suite, Apt. #, etc. 9200-A Airport Boulevard City & State Orlando, FL Zip 32827-4399	
Country USA		Country USA	
<b>4. FEI Number</b> 65-1145625		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HILLMAN-WALLER, LOUIS MANUEL 10 NW LEJEUNE ROAD SUITE 600 MIAMI, FL 33126		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACV/ JOHANN FRANK A-1300 VIENNA AIRPORT WLD TRADE CTR VIENNA, AU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LDH INVESTMENTS, INC. 1424 CADOZ AVE MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACV/ INVESTMENTS, LTD CYPRUS DINOSTHENOUS 4 NICOSIA CYPRU,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		Melih Dulqor 2-25-04 407-825-3230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	