Apr 28 04 02:57p Ray Rhoden

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90066 019 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007775

1. Entity Name
KARDES, LLC

Principal Place of Business	Mailing Address
~~593 CAMPUS STREET~~	~~593 CAMPUS STREET~~
~~CELEBRATION, FL 34747~~	~~CELEBRATION, FL 34747~~

04232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business:	3. Mailing Address
Suite, Apt. #, etc. 2228 Winterwood Blvd.	Suite, Apt. #, etc. 606 Golfpark Dr.
City & State Winter Park, FL	City & State Celebration, FL
Zip 32792 Country USA	Zip 34747 Country USA

4. FEI Number 71-0884324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC.	Name
941 FOURTH STREET #200	Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH, FL 33139	
	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. 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE	MGRM	☐	TITLE		☐	☐
NAME	TUNA A.S.		NAME			
STREET ADDRESS	INONU CADDESI ULUSAL APT. NO: 5 KAT 3		STREET ADDRESS			
CITY-ST-ZIP	TAKSIM INSTANBUL TURKEY, 34993		CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐	TITLE		☐	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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], OSHAN KARDES 04.24.2004 (321)-939-0496

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