

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032730

Entity Name: PLEXMAR, LLC

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

2925 NE 190TH STREET, SUITE 101  
MIAMI, FL 33180

**New Principal Place of Business:**

6461 INDIAN CREEK DR  
F  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

2925 NE 190TH STREET, SUITE 101  
MIAMI, FL 33180

**New Mailing Address:**

6461 INDIAN CREEK DR  
F  
MIAMI BEACH, FL 33141

FEI Number: 22-3886136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SINGER, BERNARD A ESQUIRE  
3107 STIRLING ROAD, SUITE 105  
FT. LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GULERBASLI, BATUHAN  
Address: 2925 NE 190TH ST APT:101  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: GULERBASLI, BATUHAN  
Address: 6461 INDIAN CREEK DR #F  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BATUHAN GULERBASLI

MGR

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date