2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Aug 14, 2008 8:00 am Secretary of State **DOCUMENT # L03000048128** 08-14-2008 90036 019 ***143.75 1. Entity Name ONKOR SUITES, LLC Mailing Address Functional Flace of Business 10000311 307 BAY POINT DR P. O. BOX 8544 MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 2. Pencipal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0457975 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC ROYALPALM BEACH, FL 33411-0000 3. The above named onlity 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 ubligations of reg (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR EIL E ☐ Delete TITLE Change Addition MUTLU, KORHAN A NAME NAME STREET ADDRESS P. O. BOX 8544 STREET ADDRESS MADEIRA BEACH, FL 33738 CBY ST-ZIP CITY-ST-7IP Delete ☐ Change Addition HILF TITLE MANU NAME STRUET APPRESS STREET ADDRESS CHY St ZIP CITY-ST-70 ☐ Delete ☐ Change Addition Tiff. THE NAMO NAME STOLET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Deiete Change Addition THEF TITLE 'AL4" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Addition HILE ☐ Delete TITLE Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADEXESS CITY-ST-ZIP Nice 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 reni ad 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. landed liability con

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone (

FILED

ATTACHMENT

50009477

Gulf Sun Properties, LLC

P. O. Box 8544 Madeira Beach, FL 33738 727-644-8050 or 727-452-3430 www.GulfSunProperties.com

August 7, 2008

Florida Department of State Division of Corporations P. O. Box 6478 Tallahassee, FL 32314

Re: LLC Annual Reports

To whom it may concern,

Attached you will find the 2008 Limited Liability Company Annual Reports for Korhan A. Mutlu, P. A. Document # P07000093005 & a check for the fee of \$155.00, - Onkor Suites, LLC Document # L03000048128 & a check for the fee of \$143.75 - Fikor, LLC Document # L04000008564 & a check for the fee of \$143.75 - Gulf Sun Properties, LLC Document # L04000008563 & a check for the fee of \$143.75

I have tried to do this on your web site but it is not working at this time, so I just printed them & made the changes that you required, included the payments for all above document #'s & since I cannot take care of this on your web site I am sending this to you registered mail so they get taken care of right away.

Should you have any questions or concerns we have not addressed please do not hesitate to contact our office at 727-452-3430

Sincerely yours,

Roni Weaver Office Manager, Gulf Sun Properties, LLC roni@GulfSunProperties.com