

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048253

Entity Name: AYIRAY PLUS L.L.C.

**FILED**  
**Mar 10, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

14301 BRUCE B DOWNS BLVD, APT 1906  
TAMPA, FL 33613

## **New Principal Place of Business:**

3844 LYONS RD.  
301  
COCONUT CREEK, FL 33073

## **Current Mailing Address:**

14301 BRUCE B DOWNS BLVD, APT 1906  
TAMPA, FL 33613

## **New Mailing Address:**

3844 LYONS RD.  
301  
COCONUT CREEK, FL 33073

FEI Number: 41-2118054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

A1A REGISTERED AGENT INC  
92 SADBERRY RD  
QUINCY, FL 32351 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: OZGULER, AYHAN  
Address: 3844 LYONS RD. APT:301  
City-St-Zip: COCONUT CREEK, FL 33073

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: AO

MGRM

03/10/2004

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