

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90111 024 \*\*\*\*50.00

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000052711</b>               |  |
| 1. Entity Name<br><b>BATIR CHERKEZOV LLC</b> |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>48 OKAMATCHEE CIRCLE<br/>FT. WALTON BEACH FL 32548</b> | Mailing Address<br><b>48 OKAMATCHEE CIRCLE<br/>FT. WALTON BEACH FL 32548</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                |                                                                               |
|--------------------------------|-------------------------------------------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address <b>716 Fairview DR.<br/># D Fort Walton Beach FL 32547</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                                                           |

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| City & State<br><b>Fort Walton Beach</b> | City & State<br><b>Fort Walton Beach</b> |
| Zip <b>32547</b> Country                 | Zip <b>32547</b> Country <b>Ocala</b>    |

|                                                                                                                                   |             |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------|
| 5. Name and Address of Current Registered Agent<br><b>CHERKEZOV, BATIR<br/>48 OKAMATCHEE CIRCLE<br/>FT. WALTON BEACH FL 32548</b> |             |
| 7. Name and Address of New Registered Agent                                                                                       |             |
| Name                                                                                                                              |             |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                |             |
| City                                                                                                                              | FL Zip Code |

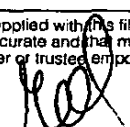
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when maintaining) DATE \_\_\_\_\_

|                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2004</b></p> |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                                    | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                       |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CHERKEZOV, BATIR<br/>48 OKAMATCHEE CIRCLE<br/>FT. WALTON BEACH FL 32548</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CHERKEZOV, BATIR<br/>716 Fairview DR. # D Fort Walton<br/>Beach FL 32547</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |

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

**34007998**



MOORE CR2E083 (11/03)