


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

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

<b>Principal Place of Business</b> <b>1710 BENNETTS END</b> <b>FORT WALTON BEACH, FL 32547 US</b>	<b>Mailing Address</b> <b>1710 BENNETTS END</b> <b>FORT WALTON BEACH, FL 32547 US</b>
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04182007 No Chg-LLC

CR2E083 (11/05)

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<b>4. FEI Number</b> <b>53-9778192</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>CHERKEZOV, BATIR</b> <b>1710 BENNETTES END</b> <b>FORT WALTON BEACH, FL 32547</b>
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**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, 2007**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>CHERKEZOV, BATIR</b> <b>1710 BENNETTS END</b> <b>FORT WALTON BEACH, FL 32547</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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05/16/07-80028-015 50.00

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**11. I hereby certify that the information 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 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:** Batir Cherkezov 04/24/07 (850) 243-7476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #