2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 08, 2005 8:00 am Secretary of State DOCUMENT # L04000008564 1. Entity Name 07-13-2005 90111 004 ****55.00 FIKOR LLC Principal Place of Business Mailing Address 14977 FIRST STREET EAST, APARTMENT UP MADEIRA BEACH FL 33708 14977 FIRST STREET EAST, APARTMENT UP MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For Not Applicable Ζp Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City 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 ternitiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of registered agent and table 4 applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITLE ☐ Defete Change ☐ Addition MUTLU, KORHAN A NAME NAME STREET ADDRESS 14977 FIRST STREET EAST, APARTMENT UPPER STREET ADDRESS CITY-51-71P MADEIRA BEACH FL 33708 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition ANGIN, FELIZ Z NAME NAME STREET ADDRESS 14977 FIRST STREET EAST, APARTMENT UPPER STREET ADDRESS C11Y-51-Z1P MADEIRA BEACH FL 33708 CHTY-SI-ZIP TITLE ☐ Deletæ TILLE ☐ Change ■ Addition MARKE ANGIN, FELIZ Z NAME STREET ADDRESS 14977 FIRST STREET EAST, APARTMENT UPPER STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 THE Defete THILE Addition MUTLU, KORHAN A NAME NAME STREET ADDRESS 14977 FIRST STREET EAST, APARTMENT UPPER STREET ADDRESS CITY-ST-ZIP MADEIRA BEACH FL 33708 CITY-ST-ZP 33111 ☐ Delete MILE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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:

FILED