2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Aug 14, 2008 8:00 am Secretary of State DOCUMENT # L04000008564 08-14-2008 90036 018 ***143.75 1. Entity Name FIKOR, LLC Principal Place of Business Mailing Address 807 BAY POINT DR. P. O. BOX 8544 MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FFI Number 34-1977717 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC 5647 10TH AVE NORTH ROYAL PALM BEACH, FL 33411-0000 pits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above p ions of regi: SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State Due by September 12, 2008 liability company did not receive the prior notice. į 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition THE Delcte TIFLE ☐ Change MUTLU, KORHAN A MAN NAME P. O. BOS 8544 STREET ADDRESS STRUCT ACCRESS CUY ST-7/P MADEIRA BEACH, FL 33708 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition HILE ANGIN, FELIZ Z 120166 NAME STREET ADDRESS. P. O. BOX 8544 STREET ADDRESS MADEIRA BEACH, FL 33708 CITY ST ZIP CITY-ST-ZIP mu ☐ Delete TITLE ☐ Change Addition ANGIN, FELIZ Z NAME NAME STREET ADDRESS P.O. BOX 8544 STREET ADDRESS CITY ST-ZIP MADEIRA BEACH, FL 33708 CITY-ST-ZIP TITLE Change ☐ Addition TIFLE ☐ Delete MUTLU, KORHAN A NAME MAME STREET ADDRESS P. O. BOX 8544 STREET ADDRÉSS CITY ST-ZIP MADEIRA BEACH, FL 33708 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete Addition ☐ Change HILE TITLE NAML NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-702 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

ATTACHMENT

50009478

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@GultSunProperties.com