

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (A-2)

FILED
Apr 13, 2005 8:00 am
Secretary of State

02-23-2005 90154 023 ****50.00

DOCUMENT # L04000028587 1. Entity Name ARPACILAR PROPERTIES I, L.C.																																			
Principal Place of Business 202 S.W. 2ND STREET SUITE A FT. LAUDERDALE FL 33301		Mailing Address 202 S.W. 2ND STREET SUITE A FT. LAUDERDALE FL 33301																																	
2. Principal Place of Business Suite, Apt. #, etc. 435 N. ANDREWS AVENUE #402		3. Mailing Address Suite, Apt. #, etc. 435 N ANDREWS AVENUE #402																																	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL																																	
Zip 33301	Country USA	Zip 33301	Country USA																																
4. FEI Number 1st MOORE CR2E083 (10/04)		Applied For <input checked="" type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ARPACILAR, MAHMUT 202 S.W. 2ND STREET SUITE A FT. LAUDERDALE FL 33301																																	
7. Name and Address of New Registered Agent Name MAHMUT ARPACILAR Street Address (P.O. Box Number is Not Acceptable) 435 N. ANDREWS AVENUE # 402 City FORT LAUDERDALE FL Zip Code 33301		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 MAHMUT ARPACILAR 2/17/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																			
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM ARPACILAR, MAHMUT 425 N. ANDREWS FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARPACILAR, MAHMUT 425 N. ANDREWS FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM ARPACILAR, MAHMUT 435 N ANDREWS AVENUE # 402 FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARPACILAR, MAHMUT 435 N ANDREWS AVENUE # 402 FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: MAHMUT ARPACILAR 2/17/05 (561)8431123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			



Certificate of Registration

Issued Pursuant to Chapter 212, Florida Statutes

ATTACHMENT

30003310

604000285

DR-11
R. 01/05

16-8013253988-0	03/01/05	04/01/05	MONTHLY
Certificate Number	Registration Effective Date	Opening Date	Filing Frequency

This certifies that

ARPACILAR PROPERTIES 1, LC
435 N ANDREWS AVE # 402
FORT LAUDERDALE FL 33301-3213

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION
(DETACH AND POST IN A CONSPICUOUS PLACE)**



**REFER TO THE BACK OF THIS SECTION FOR
SPECIFIC INFORMATION REGARDING YOUR
COUNTY'S TAX RATES.**

THIS IS YOUR ANNUAL RESALE CERTIFICATE FOR SALES TAX

Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

These certificates are valid immediately.

DR-11R, R. 10/04



2005 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2005

DR-13
R. 01/05

Business Name and Location Address	Registration Effective Date	Certificate Number
ARPACILAR PROPERTIES 1, LC 435 N ANDREWS AVE # 402 FORT LAUDERDALE FL 33301-3213	03/01/05	16-8013253988-0

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to:

Presented by: