2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 25 AM 8:38

DOCUMENT # L04000053169

1. Entity Name
BILGINER USA, LLC

Principal Place of Business	Mailing Address
7333 NW 18TH COURT PEMBROKE PINES, FL 33024	7333 NW 18TH COURT PEMBROKE PINES, FL 33024

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1411490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name HURIYE MUTLU

Street Address (P.O. Box Number is Not Acceptable) 7333 N.W 18th Ct

City PEMBROKE PINES, FL Zip Code 33024

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 accep the obligations of registered agent.

SIGNATURE X [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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILGINER GIDA MADDELERI SANAYI VE TICARET LIMITED STI SOK. NO. 47 YENISEHIR/ZMIR TURKEY,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUTLU, HURIYE 7333 NW 18TH COURT PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005734663 07/12/05--01037--015 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAY 25 AM 8:38	☐ Change ☐ 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #