

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061866

Entity Name: ATEKS LLC

FILED
Feb 28, 2006
Secretary of State

Current Principal Place of Business:

9813 PORTOFINO DR.
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

9813 PORTOFINO DR.
ORLANDO, FL 32832 US

New Mailing Address:

FEI Number: 36-4559434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEHLIVANOGLU, ATAKAN
3725 CONROY ROAD
NO:2138
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

PEHLIVANOGLU, ATAKAN
9813 PORTOFINO DR
ORLANDO, FL 32832 US

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.

SIGNATURE: ATAKAN PEHLIVANOGLU

02/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEHLIVANOGLU, ATAKAN
Address: 3725 CONROY ROAD NO:2138
City-St-Zip: ORLANDO, FL 32839 US

Title: MGRM () Delete
Name: DIZERKONCA, MUSTAFA B
Address: 3725 CONROY ROAD NO:2138
City-St-Zip: ORLANDO, FL 32839 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEHLIVANOGLU, ATAKAN
Address: 9813 PORTOFINO DR
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM (X) Change () Addition
Name: DIZERKONCA, MUSTAFA B
Address: 9813 PORTOFINO DR
City-St-Zip: ORLANDO, FL 32832 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ATAKAN PEHLIVANOGLU

MGRM

02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date