


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000082540</b> 1. Entity Name ESRA IMPORT & EXPORT, LLC	
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Principal Place of Business 2015 S.W. 20TH STREET, SUITE 200 FORT LAUDERDALE, FL 33315	Mailing Address 2015 S.W. 20TH STREET, SUITE 200 FORT LAUDERDALE, FL 33315
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**DO NOT WRITE IN THIS SPACE**

02052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-4306343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORUN, DENIZ  
2015 S.W. 20TH STREET, SUITE 200  
FORT LAUDERDALE, FL 33315

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR HAFIZOGLU, SEBAHATTIN 2015 SW 20TH ST FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZCAKIR, DENIZ 2015 SW 20TH ST FORT LAUDERDALE, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORUN, DENIZ 2015 SW 20TH ST FORT LAUDERDALE, FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000843273  
03/11/08-80063-010-138.75

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  2/25/08 (954) 713-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #