


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90198 028 \*\*\*\*55.00

<b>DOCUMENT # L05000083914</b> 1. Entity Name <b>BI NKA BI, LLC</b>					
Principal Place of Business <b>1462 GULF TO BAY BLVD SUITE A CLEARWATER, FL 33755</b>			Mailing Address <b>1462 GULF TO BAY BLVD SUITE A CLEARWATER, FL 33755</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>56-2529268</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name			<b>MARTEKEI PLANGE</b>		
Street Address (P.O. Box Number is Not Acceptable)			<b>1462 A GULF TO BAY BLVD</b>		
City			<b>CLEARWATER</b>		
State			<b>FL</b>		
Zip Code			<b>33755</b>		
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 <u><i>Marteki Plange</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/31/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MARTEKEI 1428 SPRINGDALE ST. CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MARTEKEI 1462 A GULF TO BAY BLVD CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANGE, MONICA 326 CELOST DAVENPORT, FL 33896	
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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 606, Florida Statutes.					
SIGNATURE: <u><i>Marteki Plange</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>1/31/07</u> (813) 325-2105 <small>Date    Daytime Phone #</small>	