


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000083914 1. Entity Name BI NKA BI, LLC	
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Principal Place of Business 1462 GULF TO BAY BLVD SUITE A CLEARWATER, FL 33755	Mailing Address 1462 GULF TO BAY BLVD SUITE A CLEARWATER, FL 33755
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-LLC		CR2E083 (12/07)	
4. FEI Number 56-2529268		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

PLANGE, MARTEKEI
1462 GULF TO BAY BLVD
SUITE A
CLEARWATER, FL 33755

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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 Marteki Plange Mor 9/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
00000959760
09/15/08-80005-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLANGE, MARTEKEI 1462A GULF TO BAY BLVD CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLANGE, MONICA 326 CELLO ST DAVENPORT, FL 33896
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Marteki Plange 9/15/08 (813) 325-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #