

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088716

Entity Name: ZULTANITE GEMS LLC

FILED  
Jan 05, 2008  
Secretary of State

**Current Principal Place of Business:**

3471 N. FEDERAL HIGHWAY (US-1)  
SUITE 303  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39803  
FORT LAUDERDALE, FL 33339

**New Mailing Address:**

FEI Number: 30-0333209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KIRSCH, HANS J  
2424 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

KIRSCH, HANS J  
2200 NE 22ND TERRACE  
FORT LAUDERDALE, FL 33305 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: HANS J. KIRSCH

01/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AKGUN, MURAT  
Address: 2109 NE 14TH AVENUE #3  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR ( ) Delete  
Name: KIRSCH, HANS J  
Address: 2424 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KIRSCH, HANS J  
Address: 2200 NE 22ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify 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: HANS J. KIRSCH

MM

01/05/2008

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