

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90315 010 \*\*\*143.75

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<b>DOCUMENT # L06000039473</b> 1. Entity Name <b>HURMER MADENCLIK TRZ INS VE, LLC</b>			
Principal Place of Business <b>2258 NW 30TH PL POMPANO BCH, FL 33069</b>		Mailing Address <b>2258 NW 30TH PL POMPANO BCH, FL 33069</b>	
2. Principal Place of Business - No P.O. Box # <b>2250 NW 30 PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2250 NW 30 PLACE</b> Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b>		City & State <b>POMPANO BEACH, FL</b> Zip <b>33069</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		<input checked="" type="checkbox"/> 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  <b>OLCAR, MEHMET KAMIL 2258 NW 30TH PL POMPANO BCH, FL 33069</b>		7. Name and Address of New Registered Agent Name <b>MEHMET KAMIL OLCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5223 NW 119 TERRACE</b> City <b>CORAL SPRINGS, FL</b> Zip Code <b>33076</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 <input checked="" type="checkbox"/>		DATE <b>04/02/08</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		Make check payable to <b>Florida Department of State</b>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b>	NAME <b>OLCAR, HUSNU</b>	<input type="checkbox"/> Delete	TITLE <b>MANAGING MEMBER</b>
STREET ADDRESS <b>2258 NW 30TH PL</b>	CITY-ST-ZIP <b>POMPANO BCH, FL 33069</b>	<input type="checkbox"/> Change	NAME <b>HUSNU OLCAR</b>
CITY-ST-ZIP <b>POMPANO BCH, FL 33069</b>	STREET ADDRESS <b>2250 NW 30 PLACE</b>	<input type="checkbox"/> Addition	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>
TITLE <b>MGRM</b>	NAME <b>OLCAR, MEHMET KAMIL</b>	<input type="checkbox"/> Delete	TITLE <b>MANAGING MEMBER</b>
STREET ADDRESS <b>2258 NW 30TH PL</b>	CITY-ST-ZIP <b>POMPANO BCH, FL 33069</b>	<input type="checkbox"/> Change	NAME <b>MEHMET KAMIL OLCAR</b>
CITY-ST-ZIP <b>POMPANO BCH, FL 33069</b>	STREET ADDRESS <b>2250 NW 30 PLACE</b>	<input type="checkbox"/> Addition	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>
TITLE <b>MGRM</b>	NAME <b>KAMIL EMRE OLCAR</b>	<input type="checkbox"/> Delete	TITLE <b>MANAGING MEMBER</b>
STREET ADDRESS <b>2250 NW 30 PLACE</b>	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Change	NAME <b>KAMIL EMRE OLCAR</b>
CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	STREET ADDRESS <b>2250 NW 30 PLACE</b>	<input type="checkbox"/> Addition	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>
TITLE <b>MGRM</b>	NAME <b>KAMIL EMRE OLCAR</b>	<input type="checkbox"/> Delete	TITLE <b>MANAGING MEMBER</b>
STREET ADDRESS <b>2250 NW 30 PLACE</b>	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Change	NAME <b>KAMIL EMRE OLCAR</b>
CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	STREET ADDRESS <b>2250 NW 30 PLACE</b>	<input type="checkbox"/> Addition	CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>
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:		DATE <b>04/02/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>954-977-4876</b>	