## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Secretary of State DOCUMENT #L06000093910 01-09-2008 90018 010 \*\*\*143.75 CEHRELI INVESTMENT, LLC Principal Place of Business Mailing Address 60000386 1555 ESTUARY TRAIL 1555 ESTUARY TRAIL DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number APPLIED FOR 01 - 0900191 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CEHRELI, GULENGUL Street Address (P.O. Box Number is Not Acceptable) 1555 ESTUARY TRAIL DELRAY BEACH, FL 33483 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition CEHRELI, GULENGUL NAME NAME 1555 ESTUARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP Change TILLE ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete MLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP IIILE ■ Addition ☐ Detete TITLE ☐ Change STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

TULENOUL GEHRELI 1.7.08

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.

FILED Jan 09, 2008 8:00 am

561. 266 9931