

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90034 038 \*\*\*\*50.00

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<b>DOCUMENT # L06000115249</b> 1. Entity Name BINNO, LLC					
Principal Place of Business 8606 CITRUS PARK DR. TAMPA, FL 33625 US			Mailing Address 8606 CITRUS PARK DR. TAMPA, FL 33625 US		
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		
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-5968438</div>			03262007    Chg-LLC    CR2E083 (12/06)		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  AKYOL, ISLEYMUN 3369 ZACK DR. DUNEDIN, FL 34698			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>	
NAME	AKYOL, ISLEYMUN		NAME		
STREET ADDRESS	3369 ZACK DR.		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>	
NAME	AKYOL, BESIM		NAME		
STREET ADDRESS	3369 ZACK DR.		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Yusif Akayol</i>			4/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date                      Daytime Phone #		