

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042904

Entity Name: ERKAN PROPERTIES, LLC

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

1167 HOMARD BLVD EAST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1167 HOMARD BLVD EAST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-0452165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERKAN, YALCIN
4500 BAYMEADOWS ROAD #165
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

ERKAN, YALCIN
1167 HOMARD BLVD EAST
JACKSONVILLE, FL 32225 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: YALCIN ERKAN

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ERKAN, YALCIN
Address: 4500 BAYMEADOWS ROAD #165
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: ERKAN, ESTHER
Address: 4500 BAYMEADOWS ROAD #165
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ERKAN, YALCIN
Address: 1167 HOMARD BLVD EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM (X) Change () Addition
Name: ERKAN, ESTHER
Address: 1167 HOMARD BLVD EAST
City-St-Zip: JACKSONVILLE, FL 32225

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: YALCIN ERKAN

MGRM

04/12/2008

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