


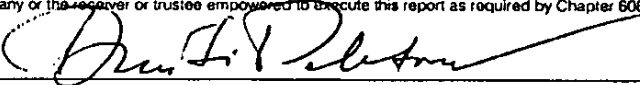
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

02-11-2008 90135 049 ***138.75

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DOCUMENT # L07000049583			
1. Entity Name KOMAROV LLC			
Principal Place of Business 16500 COLLINS AVENUE APT. 255 SUNNY ISLES BEACH, FL 33160		Mailing Address 16500 COLLINS AVENUE APT. 255 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C10 18901 NE 29th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100	
City & State		City & State ADVENTURA, FL	
Zip	Country	Zip	Country
33180	USA	33180	USA
4. FEI Number 26-0141291		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00, Additional Fee Required			
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVENUE SUITE 100 ADVENTURA, FL 33180		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLETAEV, DMITRI 16500 COLLINS AVENUE, APT 255 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 2/7/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	