

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066543

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: OZGENCER LLC

## Current Principal Place of Business:

6600 WEST ROGERS CIRCLE  
SUITE 7  
BOCA RATON, FL 33487 US

## Current Mailing Address:

6600 WEST ROGERS CIRCLE  
SUITE 7  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

6600 WEST ROGERS CIRCLE  
SUITE 7A  
BOCA RATON, FL 33487 US

## New Mailing Address:

6600 WEST ROGERS CIRCLE  
SUITE 7A  
BOCA RATON, FL 33487 US

FEI Number: 26-0422487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OZGENCER, CEMAL  
6600 WEST ROGERS CIRCLE  
SUITE 7  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

OZGENCER, CEMAL  
6600 WEST ROGERS CIRCLE  
SUITE 7A  
BOCA RATON, FL 33487 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:

01/03/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OZGENCER, CEMAL  
Address: 6600 WEST ROGERS CIRCLE, SUITE 7  
City-St-Zip: BOCA RATON, FL 33487 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: OZGENCER, CEMAL  
Address: 6600 WEST ROGERS CIRCLE, SUITE 7A  
City-St-Zip: BOCA RATON, FL 33487 US

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: OZGENCER, CEMAL

MGRM

01/03/2008

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