

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114566

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: OLDAC LLC

**Current Principal Place of Business:**

4095 FERNROSE CIRCLE  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

4095 FERNROSE CIRCLE  
MELBOURNE, FL 32940 US

**New Mailing Address:**

FEI Number: 26-1457529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATCHISON, GERALD K  
107 LAS PALMAS  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLDAC, METIN  
Address: 5521 WATERLOO RD  
City-St-Zip: ELLICOTT CITY, MD 21043

Title: MGRM ( ) Delete  
Name: OLDAC, NAZLI  
Address: 4095 FERNROSE CIRCLE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGR ( ) Delete  
Name: TASKIN, SEYDI  
Address: 580 S BREVARD AVENUE 826  
City-St-Zip: COCOA BEACH, FL 32931 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: METIN OLDAC

MGR

04/30/2008

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