FILED
Apr 12, 2005 08:00 A
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001960

1. Entity Name
BAKER REPRESENTATIVE AND TRADING LLC

Principal Place of Business	Mailing Address
MARMARA SANAYI SITESI C BLOK, NO. 47, KAT.3, IKITELLI, ISTANBUL TURKEY 34306,	MARMARA SANAYI SITESI C BLOK, NO. 47, KAT.3, IKITELLI, ISTANBUL TURKEY 34306,

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03252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
98-0211358
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGOON, W. EDWARD CPA
601 N. FERNCREEK AVE., SUITE 200
ORLANDO, FL 32803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	EKMEKCI, CEM
STREET ADDRESS	MARMARA SANAYI SITESI C BLOK NO 47 KAT 3
CITY-ST-ZIP	IKITELLI ,ISTANBUL, TR 34306
TITLE	MGRM
NAME	EKMEKCI, TURAN
STREET ADDRESS	MARMARA SANAYI SITESI C BLOK NO 47 KAT 3
CITY-ST-ZIP	IKITELLI,ISTANBUL, TR 34306
TITLE	MGRM
NAME	AKAL, OZLEM
STREET ADDRESS	MARMARA SANAYI SITESI C BLOK NO.47 KAT3
CITY-ST-ZIP	IKITELLI,ISTANBUL, TR 34306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80030-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Ekmekci CEM EKMEKCI, MGRM 25th MARCH 2005 +90-212-4720140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #