

FILED

Apr 26, 2007 08:00
Secretary of Stat**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000001960

1. Entity Name
BAKER REPRESENTATIVE AND TRADING LLC

Principal Place of Business

MARMARA SANAYI SITESI
C BLOK, NO. 47, KAT.3, IKITELLI
ISTANBUL, TURKEY, TR 34670 TR

Mailing Address

MARMARA SANAYI SITESI
C BLOK, NO. 47, KAT.3, IKITELLI
ISTANBUL, TURKEY, TR 34670 TR

04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
98-0211358Applied For
Not Applicable5. 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**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007****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 34670TITLE MGRM
NAME EKMEKCI, TURAN
STREET ADDRESS MARMARA SANAYI SITESI C BLOK NO 47 KAT 3
CITY-ST-ZIP IKITELLI, ISTANBUL, TR 34670TITLE MGRM
NAME AKAL, OZLEM
STREET ADDRESS MARMARA SANAYI SITESI C BLOK NO.47 KAT3
CITY-ST-ZIP IKITELLI, ISTANBUL, TR 34670TITLE
NAME
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**000000735654
05/10/07-80042-010 50.00

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: Cem Elmekci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/11/07

Date

+90-532-
2357069

Daytime Phone #