LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90688 012 ****55.00

DOCUMENT # L02000032332

1. Entity Name

AIKI PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2810 OLD BAYSHORE WAY
Suite, Apt. #, etc.
City & State
TAMPA, FL
Zip 33611 Country USA

3. Mailing Address
(SAME)
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 56-2306016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name CARLA J. SAAVEDRA
Street Address (P.O. Box Number is Not Acceptable)
2810 OLD BAYSHORE WAY
City TAMPA FL Zip Code 33611

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 Carla J. Saavedra 3/4/2003
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER
NAME	CARLA J. SAAVEDRA
STREET ADDRESS	2810 OLD BAYSHORE WAY
CITY-ST-ZIP	TAMPA, FL 33611
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CR2E083B (12/02)

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: Carla J. Saavedra 3/4/2003 (813) 805-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #