


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041678
 1. Entity Name
 AKAMBI INVESTMENT GROUP, LLC



Principal Place of Business: 4401 S.W. BIMINI CIRCLE NORTH, PALM CITY, FL 34990
 Mailing Address: 4401 S.W. BIMINI CIRCLE NORTH, PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number: 01-6017994 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BIGGS, ARTHUR E
 801 SOUTHWEST SAN ANTONIO DRIVE
 PALM CITY, FL 34990

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIGGS, ARTHUR E
STREET ADDRESS	801 SOUTHWEST SAN ANTONIO DRIVE
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	MGR
NAME	BIGGS, CHARLOTTE E
STREET ADDRESS	801 SOUTHWEST SAN ANTONIO DRIVE
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	MGR
NAME	BIGGS, ARTHUR E III
STREET ADDRESS	4401 SOUTHWEST BIMINI CIRCLE NORTH
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/11/07-80003-003 50.00

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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: *Arthur E. Biggs* Arthur E. Biggs 1/8/07 772-5975862
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone