


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000247

1. Entity Name
AKIMEKA, LLC



Principal Place of Business
**1600 KAPIOLANI BLVD., SUITE 530
HONOLULU, HI 96814**

Mailing Address
**1600 KAPIOLANI BLVD., SUITE 530
HONOLULU, HI 96814**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 99-0344420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROWELL, JOSEPH C
901 NORTH DESTINY DRIVE, SUITE 121
MAITLAND, FL 32751**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000119356
04/19/04-90097-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR VAUGHN VASCONCELLOS 1600 KAPIOLANI BLVD., SUITE 530 HONOLULU, HI 96814
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vaughn Vasconcellos* **2/29/04** **808.943.9545 x11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #