

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90064 035 ****50.00

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

0004000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **527**
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc. **527**
 City & State
 Zip Country

01132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 99-0344420 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROWELL, JOSEPH C
 901 N. LAKE DESTINY DRIVE, SUITE 121
 MAITLAND, FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMGR VAUGHN VASCONCELLOS 1600 KAPIOLANI BLVD., SUITE 530 HONOLULU, HI 96814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Kapiolani Blvd, Suite 527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JL Powell*

4-26-07