

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 23, 2001 08:00 AM
Secretary of State**

DOCUMENT # M99000001865
1. Entity Name
AK CAPITAL LLC

Principal Place of Business 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022		Mailing Address 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022	
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2. Principal Place of Business 445 PARK AVENUE Suite, Apt. #, etc. 9TH FLOOR City & State NEW YORK NY		3. Mailing Address 445 PARK AVENUE Suite, Apt. #, etc. 9TH FLOOR City & State NEW YORK NY	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4032945	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

Zip 10022	Country US	Zip 10022	Country US
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6. Name and Address of Current Registered Agent

MELO PETER J
100 COLLINS AVENUE, SUITE 5
MIAMI FL 33139 US

7. Name and Address of New Registered Agent

Name
MELO PETER J
Street Address (P.O. Box Number is Not Acceptable)
100 COLLINS AVENUE
SUITE 4
City
MIAMI FL Zip Code
33139

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.

SIGNATURE PETER MELO DATE 01/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOWALCZYK ANDREW 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOWALCZYK ANDREW 445 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: Andrew Kowalczyk MGR DATE 01/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)