

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001865

**FILED**  
**Jan 07, 2005**  
**Secretary of State**

**Entity Name:** AK CAPITAL LLC

**Current Principal Place of Business:**

445 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

10305 NW 41 STREET  
SUITE 210  
MIAMI, FL 33178 US

**New Mailing Address:**

**FEI Number:** 13-4032945      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MELO, PETER  
10305 NW 41 STREET  
SUITE 210  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KOWALCZYK, ANDREW  
Address: 445 PARK AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: MGR ( ) Delete  
Name: MELO, PETER  
Address: 10305 NW 41 STREET, SUITE 210  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER MELO      MGR      01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date