~~2004~~ LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018368

1. Entity Name
AKAMBI MANAGEMENT, LLC

Principal Place of Business	Mailing Address
3210 ST. CHARLES PLACE BOCA RATON, FL 33134	3210 ST. CHARLES PLACE BOCA RATON, FL 33134

DO NOT WRITE IN THIS SPACE

01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1155552
☐ 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
3210 ST. CHARLES PLACE
BOCA RATON, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIGGS, ARTHUR E
STREET ADDRESS	3210 ST CHARLES PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGR
NAME	BIGGS, ARTHUR E III
STREET ADDRESS	3210 ST CHARLES PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGR
NAME	BIGGS, CHARLOTTE E
STREET ADDRESS	3210 ST CHARLES PL
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Arthur E Biggs 1/15/04 561-994-5862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #