2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000055062

1. Entity Name

AK, LLC

Principal Place of Business	Mailing Address
427 CENTER POINTE CIRCLE, SUITE 1825 ALTAMONTE SPRINGS, FL 32701	427 CENTER POINTE CIRCLE, SUITE 1825 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751

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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_____

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

Filing Fee Is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	KAZEMINIA, AMIR	
STREET ADDRESS	427 CENTER POINTE CIRCLE, SUITE 1825	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
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05/23/07-80064-023 55.00

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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: _____ AMIR KAZEMINIA, PRESIDENT, 4/30/07 _____

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