## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000115338

Entity Name: AKAM LLC

Address:

City-St-Zip:

18851 NE 29TH AVENUE SUITE 900

AVENTURA, FL 33180 US

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
18851 NE 900	29TH AVENUE	<b>:</b>		
	RA, FL 33180	US		
Current Mailing Address:			New Mailing Address:	
18851 NE 29TH AVENUE 900				
	RA, FL 33180	US		
FEI Number	:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
18851 NE 900	ONARDO A 29TH AVENUE RA, FL 33180 L			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	INKRON LLC	Delete AVENUE SUITE 900 33180 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BALMOR LLC	Delete AVENUE SUITE 900 33180 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	ANNEIROS, DÉI	AVENUE SUITE 900	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGRM () GARCIA, MADE	Delete LAINE	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: INKRON LLC MGR 04/22/2009