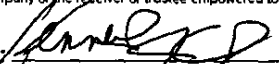


2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001168					
1. Entity Name A & K CAPITAL, LLC					
Principal Place of Business 8414 WETHERSFIELD RUN UNIT 201 BRADENTON, FL 34202		Mailing Address 8414 WETHERSFIELD RUN UNIT 201 BRADENTON, FL 34202			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1096377	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CLAYMAN, ALLYN D 8414 WETHERSFIELD RUN, UNIT 201 BRADENTON, FL 34202				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL	Zip Code
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 _____ (NOTE: Registered Agent Signature required when instituting) DATE _____					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete			
NAME	CLAYMAN, KENNETH J				
STREET ADDRESS	2002 WELLESLEY TRACE				
CITY-ST-ZIP	DUNWOODY, GA 30338				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ 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 508, Florida Statutes.					
SIGNATURE:  KENNETH J. CLAYMAN 4/28/03 678-589-6205					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Phone #					

30064055



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)