## LIMITED LIABILITY COMPANY...

Feb 12, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State 1/2 DOCUMENT # 60100000 4545 01-28-2003 90047 036 \*\*\*\*50.00 1. Entity Name AKB JMPORTS, LLC DO NOT WRITE IN THIS SPACE 55005964 Principal Place of Business 47 JAPERIAL - GOLF G DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number FLORIDA Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DONOIWRIE IN THIS SPACE 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, typed or printed name of registered agent and bite if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS Auita K BROWN 2247 TAPERIAL-GOLF Coure BLVa nire TITLE NAME STREET ADDRESS STREET ADDRESS NAPLES, FL. 34110 CITY-ST-ZIP. CITY-ST-7IP ME TITLE NAME NAME STREET ACORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE. TITLE NAME NAME STREET ADDRESS DO NOTWRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INTHIS SPACE IIILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP mir TITLE NAME NAME STREET ACORESS STREET ADDRESS CITY ST ZIP. 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 eath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE .

STREET ADDRESS

CITY-SI-ZIP

NAME

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE