


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000018368 1. Entity Name AKAMBI MANAGEMENT, LLC	
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Principal Place of Business 3210 ST. CHARLES PLACE BOCA RATON, FL 33134	Mailing Address 3210 ST. CHARLES PLACE BOCA RATON, FL 33134
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01112004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E 3210 ST CHARLES PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E III 3210 ST CHARLES PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, CHARLOTTE E 3210 ST CHARLES PL BOCA RATON, FL 33434
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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)(f), 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 #