


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90137 003 ****55.00

DOCUMENT # L01000018368

1. Entity Name
AKAMBI MANAGEMENT, LLC



Principal Place of Business
**3210 ST. CHARLES PLACE
 BOCA RATON, FL 33134**

Mailing Address
**3210 ST. CHARLES PLACE
 BOCA RATON, FL 33134**

00001000



2. Principal Place of Business
Arthur E. Biggs III
 Suite, Apt. #, etc.
4401 SW Bimini Circle N

3. Mailing Address
Arthur E. Biggs
 Suite, Apt. #, etc.
801 SW San Antonio Drive

02102005 Chg-LLC CR2E083 (10/03)

City & State
Palm City, Florida

City & State
~~Palm City~~ Palm City, Florida

Zip
34990

Country
Martin

Zip
34990

Country
Martin

4. FEI Number
65-1155552

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**BIGGS, ARTHUR E
 3210 ST. CHARLES PLACE
 BOCA RATON, FL 33134**

7. Name and Address of New Registered Agent
 Name **Biggs Arthur E**
 Street Address (P.O. Box Number is Not Acceptable)
801 SW San Antonio Drive
 City **Palm City Florida FL** Zip Code **34990**

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 *Arthur E. Biggs* DATE 3/11/05

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E 3210 ST CHARLES PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, ARTHUR E III 3210 ST CHARLES PLACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIGGS, CHARLOTTE E 3210 ST CHARLES PL BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Biggs Arthur E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 SW San Antonio Drive Palm City, Florida 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Biggs Arthur E III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4401 SW Bimini Circle N Palm City, Florida, 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Biggs, Charlotte E <input type="checkbox"/> Change <input type="checkbox"/> Addition 801 SW San Antonio Drive Palm City, Florida 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *Arthur E. Biggs* DATE 3/11/05

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