



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		
2. Principal Place of Business Arthur E. Biggs III Suite, Apt. #, etc. 4401 SW Bimini Circle N City & State Palm City, Florida Zip 34990		3. Mailing Address Arthur E. Biggs Suite, Apt. #, etc. 801 SW San Antonio Drive City & State Palm City, Florida Zip 34990			
4. FEI Number 65-1155552				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)	
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 <u><i>Arthur E. Biggs</i></u> DATE <u>3/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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 801 SW San Antonio Drive Palm City, Florida 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 ARTHUR E III 4401 SW Bimini Circle N Palm City, Florida, 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	MGR Biggs, Charlotte E 801 SW San Antonio Drive Palm City, Florida 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	MGR Biggs, Charlotte E 801 SW San Antonio Drive Palm City, Florida 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u><i>Arthur E. Biggs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/11/05</u> <small>Daytime Phone #</small>		