


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 002 ****50.00

DOCUMENT # L01000018368

1. Entity Name
AKAMBI MANAGEMENT, LLC



Principal Place of Business
ARTHUR E. BIGGS III
4401 SOUTHWEST BIMINI CIRCLE NORTH
PALM CITY, FL 34990 US

Mailing Address
ARTHUR E. BIGGS III
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990 US

20006553



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02032006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
65-1155552

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGGS, ARTHUR E
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990

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: *Arthur E. Biggs* DATE: 2-6-06

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
 NAME: **BIGGS, ARTHUR E**
 STREET ADDRESS: **801 SOUTHWEST SAN ANTONIO DRIVE**
 CITY-ST-ZIP: **PALM CITY, FL 34990**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **BIGGS, ARTHUR E III**
 STREET ADDRESS: **4401 SOUTHWEST BIMINI CIRCLE NORTH**
 CITY-ST-ZIP: **PALM CITY, FL 34990**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **BIGGS, CHARLOTTE E**
 STREET ADDRESS: **801 SOUTHWEST SAN ANTONIO DRIVE**
 CITY-ST-ZIP: **PALM CITY, FL 34990**

TITLE: Change Addition
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TITLE: Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/6/06 DAYTIME PHONE #: 772-597-5862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE