


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000018529</b>	
<b>1. Entity Name</b> AKALE, LLC	

<b>Principal Place of Business</b> 7600 WEST 20TH AVE., STE. 101 HIALEAH FL 33016	<b>Mailing Address</b> 7600 WEST 20TH AVE., STE. 101 HIALEAH FL 33016
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>
--

AGUIAR, OCASIO F 7600 WEST 20TH AVE., STE. 101 HIALEAH FL 33016
---

<b>4. FEI Number</b> 65-1149651	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
--	---------------------------------------

<b>7. Name and Address of New Registered Agent</b>
--

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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 reissuing) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> AGUIAR, OCASIO F 7600 W 20 AVE 101 HIALEAH FL <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000042162</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/10/04-80012-015 50.00</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:** *OCASIO F AGUIAR* **Managing Member**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/9/06*  
Date Daytime Phone #