

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90022 002 ****50.00

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03282007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000018529 1. Entity Name AKALE, LLC																													
Principal Place of Business 7600 WEST 20TH AVE., STE. 101 HIALEAH, FL 33016			Mailing Address 7600 WEST 20TH AVE., STE. 101 HIALEAH, FL 33016																										
2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD Suite, Apt. #, etc. Suite 202		3. Mailing Address 6500 COWPEN ROAD Suite, Apt. #, etc. Suite 202		4. FEI Number 65-1149651 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL																											
Zip 33014		Zip 33014																											
Country USA		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent AGUIAR, OCASIO F 7600 WEST 20TH AVE., STE. 101 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6500 COWPEN ROAD, Suite 202 City MIAMI LAKES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 33014</td> </tr> </table>		FL	Zip Code 33014																						
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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 <u><i>Ocasio Aguilar</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AGUIAR, OCASIO F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7600 W 20 AVE 101</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	AGUIAR, OCASIO F		STREET ADDRESS	7600 W 20 AVE 101		CITY - ST - ZIP	HIALEAH, FL		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Ocasio Aguilar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
				<small>Date</small> _____ <small>Daytime Phone #</small> _____																									