

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009670

Entity Name: AKG, L.L.C.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1216 SEMINOLE DRIVE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

713 NE 26 AVENUE
FT. LAUDERDALE, FL 33304

Current Mailing Address:

1216 SEMINOLE DRIVE
FT. LAUDERDALE, FL 33304

New Mailing Address:

713 NE 26 AVENUE
FT. LAUDERDALE, FL 33304

FEI Number: 25-1519277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, CASEY W ESQ
600 S. ANDREWS AVE., STE. 600
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUERKE, ANDREAS U
Address: 1216 SEMINOLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: GUERKE, KATHRYN S
Address: 1216 SEMINOLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUERKE, ANDREAS U
Address: 713 NE 26 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: MGRM (X) Change () Addition
Name: GUERKE, KATHRYN S
Address: 713 NE 26 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREAS U. GUERKE

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date