


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 048 ***150.00

DOCUMENT # L02000026305


1. Entity Name
AAKM, LLC



Principal Place of Business 5105 EXCELLENCE BLVD., #459 TAMPA, FL 33617	Mailing Address 13541 N FLORIDA AVE. TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE

XXXXXXXXXX



03282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3660570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, D. MICHAEL
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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: _____ DATE: _____

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATAR, AZIZEH 13541 N. FLORIDA AVE. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATAR, ABDALLA 13541 N. FLORIDA AVE. TAMPA, FL 33613
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**DO NOT WRITE
IN THIS SPACE**

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:  Date: **4/7/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #