


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-23-2006 90266 044 ****50.00

DOCUMENT # L02000026305

1. Entity Name
AAKM, LLC



Principal Place of Business Mailing Address

5105 EXCELLENCE BLVD., #459 13541 N FLORIDA AVE.
 TAMPA, FL 33617 TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE



03132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 11-3660570 Not Applicable

5. Certificate of Status Desired \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reissuing)

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

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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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: *[Signature]* Date: 4/4/06 Daytime Phone # _____

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