

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


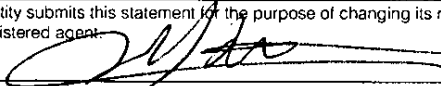
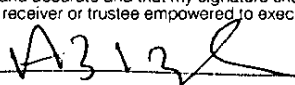
FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90049 004 ****50.00

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01292007 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # P.O. BOX (292176) Suite, Apt. #, etc.		3. Mailing Address 6403 Markstown Suite, Apt. #, etc. Apt # A	
City & State TAMPA, FL		City & State TAMPA, FL 33617	
Zip 33617	Country	Zip 33687	Country
4. FEI Number 11-3660570		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name: Abdalla Matar Street Address (P.O. Box Number is Not Acceptable): 6403 Markstown City: Tampa FL Zip Code: 33617	
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: 1-27-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: MATAR, AZIZEH STREET ADDRESS: 13541 N. FLORIDA AVE. CITY-ST-ZIP: TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: MATAR, ABDALLA STREET ADDRESS: 13541 N. FLORIDA AVE. CITY-ST-ZIP: TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: 1-27-07 813-727-5358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	