


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L02000026305 1. Entity Name AAKM, LLC	
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Principal Place of Business P.O. BOX 292176 TAMPA, FL 33617	Mailing Address 6403 MARKSTOWN APT A TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



03292008No Chg-LLC CR2E083 (12/07)

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

MATAR, ABDALLA
6403 MARKSTOWN
TAMPA, FL 33617

**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 reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

00000874337
04/10/08-50116-009 138.75

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: Abdalla Matar  3-29-08 813-727-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #