

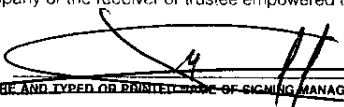


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90050 002 ****55.00

DOCUMENT # L03000020028					
1. Entity Name GRUPO AKKAR, LLC					
Principal Place of Business 2958 NW 72 AVE. MIAMI, FL 33122			Mailing Address 2958 NW 72 AVE. MIAMI, FL 33122		
2. Principal Place of Business 7860 NW 46 th ST Suite, Apt. #, etc.		3. Mailing Address 7860 NW 46 th ST Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FL		4. FEI Number 42-1593635	
Zip 33166		Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZREIK-KOUMI, JOSE LUIS 2958 NW 72 AVE. MIAMI, FL 33122			7. Name and Address of New Registered Agent Name: ZREIK-KOUMI JOSE LUIS Street Address (P.O. Box Number is Not Acceptable): 11333 NW 65 th ST City: MIAMI FL Zip Code: 33178		
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: JOSE Luis ZREIK DATE: 01/30/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM	NAME ZREIK-KOUMI, JOSE LUIS			<input type="checkbox"/> Delete	
STREET ADDRESS 2958 NW 72 AVE.					
CITY-ST-ZIP MIAMI, FL 33122					
10. ADDITIONS/CHANGES TITLE: MGRM NAME: ZREIK-KOUMI, JOSE LUIS STREET ADDRESS: 11333 NW 65 th ST CITY-ST-ZIP: MIAMI FL 33178					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 				01/30/2004 786-3952216 <small>Date Daytime Phone #</small>	