
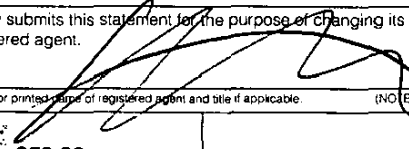
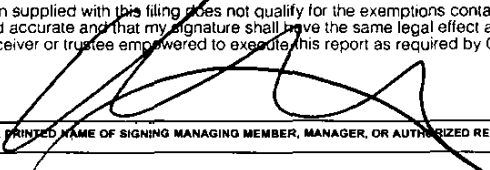


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90040 022 ****55.00

DOCUMENT # L03000034064 1. Entity Name NAKAM ENTERPRISES, LLC					
Principal Place of Business 2500 KUNZE AVENUE ORLANDO, FL 32806			Mailing Address 2500 KUNZE AVENUE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # 4224 metric Drive		3. Mailing Address 4224 metric Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 50-3106078 494.59.6775	
Zip 32792		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEESE, DAVID W 2500 KUNZE AVENUE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Deese, David W. Street Address (P.O. Box Number is Not Acceptable) 4224 metric Drive City Winter Park FL Zip Code 32792			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/16/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DEESE, DAVID W 2500 KUNZE AVENUE ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/16/07 Daytime Phone # 407.857.6133		