


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 042 ****50.00

DOCUMENT # L04000022208 1. Entity Name A.K. PROPERTY MANAGEMENT LLC		
Principal Place of Business 2613 LOWELL CIR MELBOURNE, FL 32935		Mailing Address 539 N MILLS AVE ORLANDO, FL 32803
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GU, XUE HONG 2613 LOWELL CIR MELBOURNE, FL 32935		<div>03092007 No Chg-LLC CR2E083 (11/05)</div> <div>4. FEI Number 20-0895663 <input checked="" type="checkbox"/> Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>
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 consulting)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GU, XUE HONG 2613 LOWELL CIR MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNG, KE SHOUNG 2613 LOWELL CIR MELBOURNE, FL 32935	
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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: <u>XLS</u> 3/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		