

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90221 047 \*\*\*138.75

**DOCUMENT # L04000022208**

1. Entity Name  
**A.K. PROPERTY MANAGEMENT LLC**



Principal Place of Business  
~~2013~~ **2661** LOWELL CIR  
 MELBOURNE, FL 32935

Mailing Address  
 539 N MILLS AVE  
 ORLANDO, FL 32803

**60022304**



**DO NOT WRITE IN THIS SPACE**

03222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0895663</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GU, XUE HONG**  
~~2013~~ **2661** LOWELL CIR  
 MELBOURNE, FL 32935

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GU, XUE HONG <del>2661</del> <b>2661</b> LOWELL CIR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNG, KE SHOUNG <del>2661</del> <b>2661</b> LOWELL CIR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **4/1/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #