

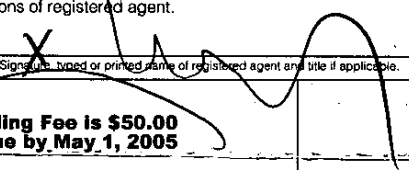
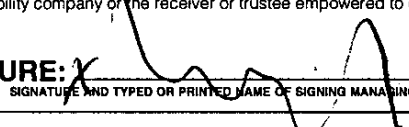


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90431 028 ****50.00

DOCUMENT # L04000022569 1. Entity Name AKE PROPERTIES, L.L.C.					
Principal Place of Business 101 MADEIRA AVENUE CORAL GABLES, FL 33134 US			Mailing Address 101 MADEIRA AVENUE CORAL GABLES, FL 33134 US		
2. Principal Place of Business 5846 S.W. 68 ST. Suite, Apt. #, etc.		3. Mailing Address 5846 SW 68 ST. Suite, Apt. #, etc.			
City & State SOUTH MIAMI, FL Zip 33143		City & State SOUTH MIAMI Zip 33143		4. FEI Number 83-0392470	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACHADO, CARLOS M 101 MADEIRA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name MICHAEL L. ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 5846 S.W. 68 ST. City SOUTH MIAMI FL Zip Code 33143	
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) 3/30/05 DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, MICHAEL L 5846 S.W. 68TH STREET SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:  3/30/05 305-661-3311					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					