2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000041678

1. Entity Name

AKAMBI INVESTMENT GROUP, LLC



FILED Jun 25, 2008 8:00 am Secretary of State

06-25-2008 90052 005 ***138.75

Principal Place of Business

Dusiness

4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990 Mailing Address

4401 S.W. BIMINI CIRCLE NORTH PALM CITY, FL 34990



06202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 31-261-7997 01-6017094 Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIGGS, ARTHUR E 801 SOUTHWEST SAN ANTONIO DRIVE PALM CITY, FL 34990

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 accepte obligations of registered agent.			
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BIGGS, ARTHUR E		
STREET ADDRESS	801 SOUTHWEST SAN ANTONIO DRIVE		
CITY-ST-ZIP	PALM CITY, FL 34990	i	
TITLE	MGR		
NAME	BIGGS, CHARLOTTE E		
STREET ADDRESS	801 SOUTHWEST SAN ANTONIO DRIVE		
CITY-ST-ZIP	PALM CITY, FL 34990		
TITLE	MGR		
NAME	BIGGS, ARTHUR E III		
STREET ADDRESS	4401 SOUTHWEST BIMINI CIRLCE NORTH	DO NOT WD	177
CITY-ST-ZIP	PALM CITY, FL 34990	DO NOT WR	
TITLE		IN THIS SPACE	
NAME		IN THIS SPA	し に
STREET ADDRESS			

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 repeture or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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6/20/08