

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049621

Entity Name: AKT ENTERPRISES, LLC

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

16304 TURNBRIDGE CT
TAMPA, FL 33647

New Principal Place of Business:

20323 OAK KEY COURT
TAMPA, FL 33647

Current Mailing Address:

16057 TAMPA PALMS BLVD W #350
TAMPA, FL 33647

New Mailing Address:

FEI Number: 25-1908432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADSHAW, STEPHEN T
16304 TURNBRIDGE CT
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

BRADSHAW, STEPHEN T
20323 OAK KEY COURT
TAMPA, FL 33647 US

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.

SIGNATURE:

03/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRADSHAW, ANNE N
Address: 16304 TURNBRIDGE CT
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BRADSHAW, STEPHEN T
Address: 16304 TURNBRIDGE CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRADSHAW, ANNE N
Address: 20323 OAK KEY COURT
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Change () Addition
Name: BRADSHAW, STEPHEN T
Address: 20323 OAK KEY COURT
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANNE N BRADSHAW

MGRM

03/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date