2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000059618

1. Entity Name AK & AK INVESTMENTS, LLC



Mar 26, 2007 08:00 AM **Secretary of State**

FILED

Principal Place of Business

7861 NW 46TH ST DORAL, FL 33166 Mailing Address

7861 NW 46TH ST

DORAL, FL 33166 US



03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1732097

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD **SUITE 501** AVENTURA, FL 33180

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	AKERMAN, LARRY	
STREET ADDRESS	7861 NW 46TH ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGRM	
NAME	AKERMAN, BERNARDO	
STREET ADDRESS	7861 NW 46TH ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGRM	
NAME	AKERMAN, ABRAHAM	
STREET ADDRESS	7861 NW 46TH ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	MGRM	
NAME	AKERMAN, SAMMY	
STREET ADDRESS	7861 NW 46TH ST	
CITY-SI-ZIP	MIAMI, FL 33166	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS ,		
CITY OF 2ID	1	

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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:

XARRY AILERNAN NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/2/04

305-261-1156

Daytime Phone #