


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90028 019 ****50.00

DOCUMENT # L04000083374 1. Entity Name AKC ENTERPRISES, LLC					
Principal Place of Business 1956 WEST 9TH STREET RIVIERA BEACH, FL 33404			Mailing Address 1956 WEST 9TH STREET RIVIERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDING, GEORGE E 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401				Name ALBERT G CARLEY Street Address (P.O. Box Number is Not Acceptable) 1956 W. 9TH. ST. City RIVIERA BEACH FL Zip Code 33404	
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: <i>Albert G. Carley</i> - ALBERT G. CARLEY <small>Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 3-3-05	
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	PRESIDENT ALBERT G CARLEY 1956 W. 9TH. ST. RIVIERA BEACH FL. 33404 <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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Albert G. Carley* **ALBERT G. CARLEY** **3-3-05** **561-844-4559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #