


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 030 \*\*\*\*50.00

|                                      |  |   |
|--------------------------------------|--|---|
| <b>DOCUMENT # L04000089377</b>       |  |  |
| 1. Entity Name<br>AKERS MENAKER, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>7758 WALLACE ROAD, SUITE 1<br>ORLANDO, FL 32819 | Mailing Address<br>7758 WALLACE ROAD, SUITE 1<br>ORLANDO, FL 32819 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**20020221**



02032005 Chg-LLC CR2E083 (10/03)

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                             |  | 7. Name and Address of New Registered Agent                                       |  |
| KOLTUN, JEFFREY M<br>557 NORTH WYMORE ROAD, SUITE 100<br>MAITLAND, FL 32751 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |


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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>AKERS, JAMES D<br>7758 WALLACE ROAD, SUITE 1<br>ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MENAKER, MITCH<br>7758 WALLACE ROAD, SUITE 1<br>ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

|   |            |                       |
|---|------------|-----------------------|
| <b>SIGNATURE:</b>  | DATE _____ | Daytime Phone # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |            |                       |