

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-21-2006 90177 027 ****50.00

DOCUMENT # L04000089377 1. Entity Name AKERS MENAKER, LLC																																																																																																																																			
Principal Place of Business 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819			Mailing Address 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819																																																																																																																																
2. Principal Place of Business 146 Terra Mango Loop Suite, Apt. #, etc.		3. Mailing Address 8815 Conroy-Windermere Rd. Suite, Apt. #, etc.																																																																																																																																	
City & State Orlando, Florida Zip 32835		City & State Orlando, Florida Zip 32835		4. FEI Number 20-2319622 APPLIED FOR																																																																																																																															
Country Orange		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 signatures are required when reinstating) _____ DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>AKERS, JAMES D</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7758 WALLACE ROAD, SUITE 1</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ORLANDO, FL 32819</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MENAKER, MITCH</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7758 WALLACE ROAD, SUITE 1</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ORLANDO, FL 32819</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	AKERS, JAMES D		NAME			STREET ADDRESS	7758 WALLACE ROAD, SUITE 1		STREET ADDRESS			CITY- ST- ZIP	ORLANDO, FL 32819		CITY- ST- ZIP			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MENAKER, MITCH		NAME			STREET ADDRESS	7758 WALLACE ROAD, SUITE 1		STREET ADDRESS			CITY- ST- ZIP	ORLANDO, FL 32819		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	AKERS, JAMES D		NAME																																																																																																																																
STREET ADDRESS	7758 WALLACE ROAD, SUITE 1		STREET ADDRESS																																																																																																																																
CITY- ST- ZIP	ORLANDO, FL 32819		CITY- ST- ZIP																																																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	MENAKER, MITCH		NAME																																																																																																																																
STREET ADDRESS	7758 WALLACE ROAD, SUITE 1		STREET ADDRESS																																																																																																																																
CITY- ST- ZIP	ORLANDO, FL 32819		CITY- ST- ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																
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: 2/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			

30002136





ATTACHMENT

3000 2136

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

AKERS MENAKER, LLC
8815 CONROY-WINDERMERE AV
#401
ORLANDO, FL 32835

Subject: **AKERS MENAKER, LLC**

Reference Number: **L04000089377**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION