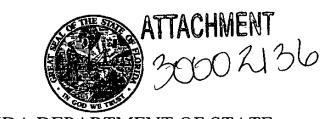
والمحاجمة المستثالي

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-21-2006 90177 027 ****50 00 **DOCUMENT # L04000089377** 1. Entity Name AKERS MENAKER, LLC Principal Place of Business Maiting Address 30002136 7758 WALLACE ROAD, SUITE 1 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business Mailing Address 8815 Conroy-Windomer & Ilulo Terra Mango 01092006 Chg-LLC CR2E083 (11/05) #401 4. FEI Number ZO -231962Z APPLIED FOR City & State Applied For Orlando. Florida Not Applicable Orlando \$5.00 Additional 5. Certificate of Status Desired Comple . Fee Required __ dicess of Current Registered Agent 7. Name and Address of New Registered Agent KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 Citv 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 SIGNATURE Signature, typed or preced name of register Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change Addition ☐ Delete AKERS, JAMES D MAKE NAME STREET ADDRESS 7758 WALLACE ROAD, SUITE 1 STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP MGRM IIILE Change ☐ Addition IIILE MENAKER, MITCH NAME NAME 7758 WALLACE ROAD, SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZP ORLANDO, FL 32819 CTTY-ST-ZP nne Change ☐ Delets ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Deleta TITLE (Chance ☐ Addition KALIF MALE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Defete TIME ☐ Change ☐ Addition TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Defeta ITILE ☐ Addition Change MALLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-70 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 companies the receiver or frustee expowered to gleacute this report as required by Chapter 608, Florida Statutes. SIGNATURE: AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

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



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 <u>has not been filed</u> 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