2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90348 004 ***150.00

DOCUMENT # L04000092122

1. Entity Name
AKA INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
314 WESTCHESTER DR. DELAND, FL 32724	PO BOX 3374 DELAND, FL 32721

03292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1038-5 Dunn Ave.		1038-5 Dunn Ave.	
Suite, Apt. #, etc.: PMB 125		Suite, Apt. #, etc.: PMB 125	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32218	Country:	Zip: 32218	Country:

4. FEI Number: 20-2205033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHCHI, NADER S
314 V
DEL/

1038-5 Dunn Avenue
PMB 125
Jacksonville, FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1038-5 Dunn Ave., PMB 125
City Jacksonville, FL Zip Code 32218

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) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ASHCHI, NADER S		NAME		
STREET ADDRESS	314 WESTCHESTER DR.		STREET ADDRESS	1038-5 Dunn Ave., PMB 125	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] 4-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #