

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 314 WESTCHESTER DR. DELAND, FL 32724	Mailing Address PO BOX 3374 DELAND, FL 32721
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2. Principal Place of Business - No P.O. Box # 1038-5 Dunn Ave.	3. Mailing Address 1038-5 Dunn Ave.
Suite, Apt. #, etc. PMB 125	Suite, Apt. #, etc. PMB 125
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32218	Zip 32218
Country	Country



03292007 Chg-LLC CR2E083 (12/06)

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

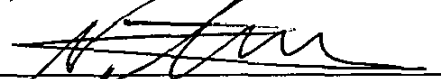
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHCHI, NADER S 314 WESTCHESTER DR. DELAND, FL 32724 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1038-5 Dunn Ave, PMB 125 Jacksonville, FL 32218 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	4-97	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			