

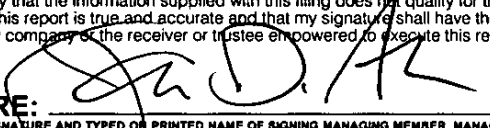


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90177 028 ****50.00

DOCUMENT # L05000032983 1. Entity Name ADLER AKERS, 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. #401			
City & State Orlando, Florida Zip Country 32835 Orange		City & State Orlando, Florida Zip Country 32835 Orange		4. FEI Number 20-2042268	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01092006 Chg-LLC CR2E083 (11/05)	
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 signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKERS, JAMES D 7758 WALLACE ROAD, SUITE 1 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, JEFFREY A 3125 HASSI POINT LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 2/6/06 Daytime Phone # 407-352-6700					