## May 02, 2007 8:00 am Secretary of State **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT** EPDVNFOU!\$ L05000039074 05-02-2007 90337 014 \*\*\*\*50.00 AKL ÉNTERPRISES, LLC Principal Place of Business Mailing Address 3131!LENENJUERM 3131!LENENJLEEM CPSUID BENFUF!CM44: 59 CPSUID EENPUF! CM/44: 59 01102007 Op Di h.MMD DS3F 194!)22016\* EP OPUXSJJF JO UI JT TOBDF 5/ FEI Number Applied For 20-2768843 Not Applicable %6/11 Beejýpobm 6/ Certificate of Status Desired Off ISfrviste 7/ Obn f !boelBeesf t t !pgDvssf ou!Sf hjt uf sf elBhf ou WOTITZKY, EDWARD L EP OPUXSUF! 109 TAYLOR STREET, SUITE 112 PUNTA GORDA, FL 33950 JO UI JT TOBDF 9/ 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 :1 MANAGING MEMBERS/MANAGERS TITLE AL-ARNASI, ABRAHAM NAME STREET ADDRESS 2020 TAMIAMI TRAIL CITY-ST-ZIP PORT CHARLOTTE, FL 33948 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EP OPUXSUF! CITY-ST-ZIP JO UI JT TOBDF TITLE NAME STREET ADDRESS CITY-ST-ZIP

22/ 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.

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/18/07

Deytime Phone #

**FILED**