

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040575

Entity Name: AMKOR LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

1225 OAK TREE LANE
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1225 OAK TREE LANE
NOKOMIS, FL 34275

New Mailing Address:

P.O. BOX 156
LAUREL, FL 34272

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUFFER, ANNMARIE
1225 OAK TREE LANE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUFFER, ERNEST S
Address: 1225 OAK TREE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: KUFFER, ANNMARIE
Address: 1225 OAK TREE LANE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERNEST S KUFFER

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date