2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2007
Secretary of State

DOCUMENT# L05000041959

Entity Name: A K ENTERPRISES, LLC

Current Principal Place of Business:

2182 MAIN STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2182 MAIN STREET
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-2760337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOENIG, JAMES F
814 PEGG RAY DRIVE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

KOENIG, JAMES F
814 PEGGY RAY DRIVE
DUNEDIN, FL 34698 US

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: JAMES F. KOENIG 01/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KOENIG, JAMES F
Address: 814 PEGGY RAY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete
Name: ACKERMAN, WILLIAM F
Address: 1100 SUNNYDALE DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete
Name: KOENIG, CHRISTINE A
Address: 814 PEGGY RAY DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

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

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: CHRISTINE A. KOENIG MGMR 01/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date