


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000055062</b>		
1. Entity Name AK, LLC		

Principal Place of Business 427 CENTER POINTE CIRCLE, SUITE 1825 ALTAMONTE SPRINGS, FL 32701	Mailing Address 427 CENTER POINTE CIRCLE, SUITE 1825 ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

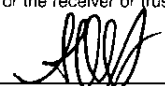
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAZEMINIA, AMIR 427 CENTER POINTE CIRCLE, SUITE 1825 ALTAMONTE SPRINGS, FL 32701
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05/23/07-80064-023 55.00

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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:**  **AMIR KAZEMINIA, PRESIDENT, 4/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #