

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085684

Entity Name: AKRON GROUP I, LLC

FILED  
Jul 06, 2006  
Secretary of State

## Current Principal Place of Business:

500 W. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394

## Current Mailing Address:

500 W. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394

## New Principal Place of Business:

500 E. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394

## New Mailing Address:

500 E. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JONE, LES G  
500 W. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394 US

## Name and Address of New Registered Agent:

JONE, LES G  
500 E. BROWARD BLVD.  
SUITE 1160  
FT. LAUDERDALE, FL 33394 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:

Electronic Signature of Registered Agent

07/06/2006

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: JONES, LES G  
Address: 500 E. BROWARD BOULEVARD, SUITE 1160  
City-St-Zip: FORT LAUDERDALE, FL 33394

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: LES G. JONES

MGR

07/06/2006

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