### **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

# FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L050001149		c			04-13-20	06 90034	011 ***	*50.00
Principal Place of Business 4866 GANDY BOULEVARD TAMPA, FL 33611		Mailing Address 4866 GANDY BOULEVARD TAMPA, FL 33611			30006260				
2. Principal P	face of Business	3. Mailing Address			<b>           </b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-LLC	CR2E08		:40) WI 1541	
City & State		City & State		4. FEI Numl	<del>-</del>		Ar	oplied For	
Zip	Country Zip		Coun	try		e of Status Desired	\$5.00 ********		ditional
······	6. Name and Address of Current F	legistered Agent	1		7. Name an	d Address of New I			
				Name					•
PODOLSKY, WILLIAM J III 3003 AZEELE STREET STE 200 TAMPA, FL 33609				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
		<del> </del>					<del></del> -		
	named entity submits this statement for ions of registered agent.	the purpose of changing f	ts registere	ed office or reg	istered agent, or b	oth, in the State of H	lorida. I am lar	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NC	TE: Registere	d Agent signature red	quired when reinstating)		DATE		<del></del>
Fi De	iling Fee is \$50.00 ue by May 1, 2006						ke check pay la Departmer		e
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRBY, JED F 4215 MORRISON AVE TAMPA, FL 33629	☐ Delete					(	Change	Addition
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PODOLSKY, WILLIAM 5000 CULBREATH KEY WAY UNIT 3-301						'	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete					[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate					(	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete					(	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE					Change	Addition

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 conclude this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

### ATTACHMENT

#### HENRY W. HICKS, P.A.

ATTORNEY AT LAW

3003 W. Azeele Street Suite 200 Tampa, Florida 33609 (813) 876-3113 FAX (813) 871-9202 henry@titlemark.net

April 24, 2006

Florida Department of State Annual Reports Section Division of Corporations Post Office Box 6478 Tallahassee, Florida 32314

Subject:

AKP ACQUISITIONS AND DEVELOPMENT GROUP, LLC

Reference Number

L05000114960

Dear Madam/Sir:

Pursuant to your letter dated April 17, 2006, enclosed is the 2006 Limited Liability Company Annual Report for the referenced corporation. It has been revised to include the Federal Employer Identification (FEI) number: 20-4744156.

If you have any further questions, please call me at the number listed above.

Sincerely,

William J. Podølsky, HI

WJP:vt

Enclosure