

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000117430**

1. Entity Name  
**AKAMAI REALTY INVESTMENTS FL, LLC**



Principal Place of Business  
**225 SULLIVAN STREET  
PUNTA GORDA, FL 33950**

Mailing Address  
**225 SULLIVAN STREET  
PUNTA GORDA, FL 33950**

**DO NOT WRITE IN THIS SPACE**



05202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**CAVANAUGH, EILEEN  
225 SULLIVAN STREET  
PUNTA GORDA, FL 33950**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resetting)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
CHRISTENSEN, LORNA N  
PO BOX 1584  
PLEASANTON, CA 94566**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

U00000765885  
06/05/07-80001-020 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lorna Christensen, Manager Akamai Realty Investments*

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

SC LLC 5/20/07 Daytime Phone 925-9572