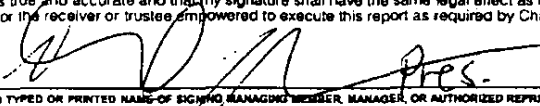


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/17 Feb 19, 2007 8:00 am
Secretary of State

01-17-2007 90013 040 ****50.00

DOCUMENT # L06000009377			
1. Entity Name AKNILLow INVESTMENTS, LLC			
Principal Place of Business 2312 U. S. HIGHWAY 19 HOLIDAY, FL 34691 US		Mailing Address P.O. BOX 3649 HOLIDAY, FL 34692 US	
2. Principal Place of Business - No P.O. Box # 3204 Alternate 19		3. Mailing Address 3204 Alternate 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683	Country Pinellas	Zip 34683	Country Pinellas
4. FEI Number 73-2096701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691		7. Name and Address of New Registered Agent 3204 Alternate 19 City Palm Harbor FL Zip Code 34683	
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 remaining) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DJW INVESTMENTS, INC. P. O. BOX 3649 HOLIDAY, FL 34692 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3204 Alternate 19 Palm Harbor, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		727/937-4177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

P 806-1492 1/5/07