FILED
Feb 19, 2007 8:00 am
Secretary of State
01-17-2007 90013 040 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009377

1. Entity Name
AKNILLOW INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2312 U. S. HIGHWAY 19 HOLIDAY, FL 34691 US	P.O. BOX 3649 HOLIDAY, FL 34692 US

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3204 Alternate 19		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: 43-2096701 ☐ 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

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: [signature] Pres. 727/937-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Pd ck# 1492 1/9/07