
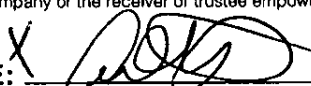


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90344 036 \*\*\*\*50.00

<b>DOCUMENT # L06000031379</b> 1. Entity Name <b>AMERIKOTE, LLC.</b>					
Principal Place of Business <b>3362 FERN LEAF DRIVE HERNANDO BEACH, FL 34607</b>			Mailing Address <b>3362 FERN LEAF DRIVE HERNANDO BEACH, FL 34607</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 3073</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>SPRING HILL FL</b>		4. FEI Number <b>20-5645418</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34611</b>		Country <b>USA</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>HENGESBACH &amp; TAYLOR, PA 5330 SPRING HILL DRIVE, SUITE J SPRING HILL, FL 34606</b>			<b>7. Name and Address of New Registered Agent</b>  Name <b>Adam J. Logan</b> Street Address (P.O. Box Number is Not Acceptable) <b>3362 Fernleaf Drive</b> City <b>Hernando Beach FL</b> Zip Code <b>34607</b>		
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, ADAM J 3362 FERN LEAF DRIVE HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>4-30-07 352-678-1995</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		