

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037681

Entity Name: AKRE, L.L.C.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

6061 ST JOHNS AVE  
SUITE A  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 22  
EAST PALATKA, FL 32131

**New Mailing Address:**

FEI Number: 20-4728204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWNEY, KEVIN I  
2631 NW 41ST STREET, SUITE B  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AKHIYAT, NEZHA  
Address: PO BOX 22  
City-St-Zip: EAST PALATKA, FL 32131

Title: MGR ( ) Delete  
Name: AKHIYAT, MOHAMED M  
Address: PO BOX 22  
City-St-Zip: EAST PALATKA, FL 32131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MOHAMED AKHIYAT

MGR

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date