

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
Mar 16, 2007 8:00 am
Secretary of State

02-22-2007 90276 029 ****50.00

DOCUMENT # L06000039454					
1. Entity Name AKEL PROPERTIES, LLC					
Principal Place of Business 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223			Mailing Address 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # 2950 Halcyon Lane Suite 205 City & State: Jax FL Zip: 32223 Country: U.S.A.			3. Mailing Address 2950 Halcyon Lane Suite 205 City & State: Jax FL Zip: 32223 Country: U.S.A.		
4. FEI Number 20-5747680 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent AKEL, ANDREW S 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____		
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: <u>Andrew S. Akel President</u> DATE: <u>02/16/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$60.00 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 AKEL, ANDREW S 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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 606, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>02/16/07</u> (904) 703 2714 <small>Daytime Phone</small>		