
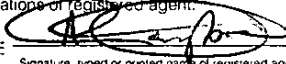
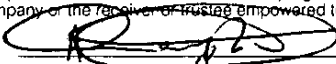


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 025 ****55.00

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| DOCUMENT # L06000077238 | | | |  | |
| 1. Entity Name IAKAN LLC | | | | | |
| Principal Place of Business 11691 SW 58TH CIRCLE OCALA, FL 34476 | | | Mailing Address P.O. BOX 772403 OCALA, FL 34477 US | | |
| 2. Principal Place of Business - No P.O. Box # 5821 SW 116 th PLACE RD | | 3. Mailing Address P.O. BOX 772403 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State OCALA, FL | | City & State OCALA, FL | | 4. FEI Number 86-1172804 | |
| Zip 34476 | | Country MARION | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 34477 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CAMPBELL, ALVERANO D 11691 SW 58TH CIRCLE OCALA, FL 34476 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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  ALVERANO CAMPBELL, MGRM 3/28/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| 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 MGRM NAME ALVERANO, CAMPBELL STREET ADDRESS 11691 SW 58TH CIRCLE CITY-ST-ZIP OCALA, FL 34476 | | | TITLE MGRM NAME ALVERANO, CAMPBELL STREET ADDRESS 5821 SW 116 th PLACE RD CITY-ST-ZIP OCALA, FL 34476 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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:  3/28/2007 (352) 873-9444 | | | | | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #