

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 SEP -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000119779 1. Entity Name AKROS INVESTMENTS, LLC					
Principal Place of Business 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 18051 NE 29 AVE		3. Mailing Address Suite, Apt. #, etc. STE. 774			
City & State AVENTURA, FL		City & State City & State		4. FEI Number 20-8062650	
Zip 33180		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name MARTHA C. DUARTE Street Address (P.O. Box Number is Not Acceptable) 2775 NE 187 ST. UNIT 627 City AVENTURA FL Zip Code 33180		
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><i>[Signature]</i></u> DATE 08/20/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAMAYO, CARLOS E 520 BRICKELL KEY DRIVE, STE. 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TAMAYO, CARLOS E 18051 NE 29 AVE STE 774 AVENTURA, FL 33180 <input checked="" 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	MGR MIGUEL A. ILLIDGE 18051 NE 29 AVE STE 774 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 200135594293 09/09/08--01012--017 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
SIGNATURE: <u><i>[Signature]</i></u> CARLOS TAMAYO 08/20/08 786 399 8807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					