## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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6. Name and Address of Current Registered Agent

DOCUMENT # L98000003214

1. Entity Name

IAK FLORIDA HOLDING, L.L.C.



**FILED** Feb 15, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6330 SHIRLEY ST, SUITE 202 NAPLES, FL 34109

6330 SHIRLEY ST, SUITE 202 NAPLES, FL 34109



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3568902

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

ULRIKE KERNER

6230 SHIRLEY ST. SUITE 202 NAPLES, FL 34109

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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE	(NOTE; Registered Agent signature required when reinstating)	DATE
Elling Food a \$50.00		<u>0000006380001</u>

Due by May 1, 2007

02/27/07~80013-008 55.00

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME KERNER, MICHAEL STREET ADDRESS 838 PERRINE COURT CITY-ST-ZIP MARCO ISLAND, FL 341456813 TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE