## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

## Secretary of State 05-02-2006 90122 001 \*\*\*100.00 DOCUMENT # L99000003742 AIKOM HOLDINGS, L.L.C. 30006851 Principal Place of Business Mailing Address P.O. BOX 1193 C/O WEBSTER & PARTNERS PL 1936 LEE RD SUITE 101 ORLANDO, FL 32802-1193 WINTER PARK, FL 32789 2. Principal Place of Business 450 N. Wymore Road 3. Mailing Address 450 N. Wymore Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E083 (11/05) Chg-LLC City & State Winter Park Florida City & State 4. FEI Number Applied For Winter Park Florida 59-3619077 Not Applicable <sup>Zip</sup> 32789 Country Country \$5.00 Additional 5. Certificate of Status Desired П USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W & P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1936 LEE RD SUITE 101 WINTER PARK, FL 32789 450 N. Wymore Road Cuy Winter Park 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 SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 ு Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. P MGR TITLE Change ☐ Addition TITLE ☐ Delete SAHNI, DEEPINDER S NAME NAME P.O. Box 1193 Orlando, Fl 32802-1193 46TTA ALDEN RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32863 CITY+ST+7IP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME Vera STREET ADDRESS STREET ADDRESS PO BON CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** May 02, 2006 8:00 am Dawn Bachan-Muckunlall

Paralegal

E-mail: dmuckunlall@wplawyers.com

April 27, 2006

## Via Certified Mail - RRR

Uniform Business Report Division of Corporations PO Box 6478 Tallahassee, FL 32314-6478

e: Advantage Vacation Homes, LLC / 2006 Uniform Business Report
Aikom Holdings, LLC / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter are the 2006 Uniform Business Reports for the above referenced limited liability companies. Also enclosed is check #2111 in the amount of \$100.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall

Paralegal

**Enclosures**