


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 09, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L99000006230</b> 1. Entity Name 100 AKER, L.L.C.	
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Principal Place of Business 602 LIME AVENUE #503 CLEARWATER, FL 33756	Mailing Address 602 LIME AVENUE #503 CLEARWATER, FL 33756
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01062004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3601553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ZILLWEGER, CANDACE M 602 LIME AVENUE #503 CLEARWATER, FL 33756
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZILLWEGER, CANDACE M 602 LIME AVENUE #503 CLEARWATER, FL 33756
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Candace M. Zillweger, Mgr. Mgr. 6 Jan 04 7874660101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Candace M. Zillweger