


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000000247 1. Entity Name AKIMEKA, LLC	
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Principal Place of Business 1600 KAPIOLANI BLVD., SUITE 527 HONOLULU, HI 96814	Mailing Address 1600 KAPIOLANI BLVD., SUITE 527 HONOLULU, HI 96814
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 99-0344420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROWELL, JOSEPH C  
 901 N. LAKE DESTINY DRIVE, SUITE 121  
 MAITLAND, FL 32751

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR VAUGHN VASCONCELLOS 1600 KAPIOLANI BLVD STE 527 HONOLULU, HI 96814
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 05/23/08-80070-002 138.75

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: *Joseph C Rowell* Date: 4-24-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #