

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002081

FILED
Jan 21, 2006
Secretary of State

Entity Name: AKE AND AVERY ENTERPRISES, LLC

Current Principal Place of Business:

816 MYSTIC DRIVE #308A
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

816 MYSTIC DRIVE #308A
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 52-2229702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVERY, VERNE W
545 E GARFIELD AVE
#802
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

AVERY, VERNE W
816 MYSTIC DRIVE #308A
CAPE CANAVERAL, FL 32920 US

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.

SIGNATURE: VERNE W AVERY

01/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVERY, VERNE W
Address: 545 E GARFIELD AVE # 802
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: AKE, BARBARA L
Address: 545 E GARFIELD AVE # 802
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVERY, VERNE W
Address: 816 MYSTIC DRIVE #308A
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM (X) Change () Addition
Name: AKE, BARBARA L
Address: 816 MYSTIC DRIVE #308A
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA L AKE

MGRM

01/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date