

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003986

Entity Name: AKD FAMILY, LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

17118 EAST DORADO CIRCLE  
CENTENNIAL, CO 80015

**New Principal Place of Business:**

PO BOX 461933  
AURORA, CO 80046

**Current Mailing Address:**

17118 EAST DORADO CIRCLE  
CENTENNIAL, CO 80015

**New Mailing Address:**

PO BOX 461933  
AURORA, CO 80046

FEI Number: 20-3203482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, MIKE  
280 AVENUE A.N.W.  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NAKATA, ROGER L  
Address: 17118 EAST DORADO CIRCLE  
City-St-Zip: CENTENNIAL, CO 80015

Title: MGR ( ) Delete  
Name: NAKATA, BARBARA J  
Address: 17118 EAST DORADO CIRCLE  
City-St-Zip: CENTENNIAL, CO 80015

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NAKATA, ROGER L  
Address: PO BOX 461933  
City-St-Zip: AURORA, CO 80046

Title: MGR (X) Change ( ) Addition  
Name: NAKATA, BARBARA J  
Address: PO BOX 461933  
City-St-Zip: AURORA, CO 80046

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: R. NAKATA

MGR

01/04/2007

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