

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002055

1. Entity Name
THE AOW LIMITED PARTNERSHIP

Principal Place of Business
1134 WEST LAKE STREET
HOLLYWOOD FL 33019

Mailing Address
1134 WEST LAKE STREET
HOLLYWOOD FL 33019

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City State

Zip **Country**

6. Name and Address of Current Registered Agent
WALSER, ADELINE O
1134 WEST LAKE STREET
HOLLYWOOD FL 33019

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE** _____

9. Capital Contributions as Shown on record. **\$5,544,000.00**

10. Amount of Capital Contributions in FLORIDA to date **5,544,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	10000016028	STREET ADDRESS	
NAME	AOW, LLC	CITY-ST-ZIP	
STREET ADDRESS	1134 WEST LAKE STREET		
CITY-ST-ZIP	HOLLYWOOD FL 33019		
DOCUMENT #		STREET ADDRESS	100004618121--9
NAME		CITY-ST-ZIP	10/01/01-01051-029
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *Adeline O. Walsers* **8/27/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

01 SEP 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number 65-1063084 **Applied For** ☒ **Not Applicable** ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE

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CR2E003 (5/01)

Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

STEVEN M. STAMPLER, C.P.A., P.A.
915 N. Northlake Drive • Hollywood, FL 33019
Tel 954.923.9176 Fax 954.923.6309

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September 24, 2001

Florida Department of State
Tallahassee, Florida

Re: AOW Limited Partnership
2001 Corporate Annual Report
A00000002055

To Whom It May Concern,

We are in receipt of the second notice for the filing of the corporate annual report for 2001 for the above named taxpayer. The 2001 corporate annual report was timely filed on March 22, 2001 along with a check for the fee of \$526.25. The check was never cashed and obviously the report itself was lost in the mail. We are sending you a copy of the original report that was timely filed along with a check in the amount of \$526.25 to replace the one that was lost. Please accept this report and check as timely filed since the original was lost in the mail and this was obviously beyond the taxpayers control.

Very Truly Yours,

Steven M. Stampler CPA
Steven M. Stampler CPA