


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000016028**

1. Entity Name  
**AOW, LLC**



Principal Place of Business <b>1134 WEST LAKE STREET          HOLLYWOOD, FL 33019</b>	Mailing Address <b>1134 WEST LAKE STREET          HOLLYWOOD, FL 33019</b>
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**DO NOT WRITE IN THIS SPACE**



04022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>33-5161303</b>	Applied For <input type="checkbox"/> 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

**WALSER, ADELINE O  
 1134 WEST LAKE STREET  
 HOLLYWOOD, FL 33019**

**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 rechartering)

**Filing Fee is \$50.00  
 Due by May 1, 2008**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSER, ADELINE O 1134 WEST LAKE STREET HOLLYWOOD, FL 33019
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U00000524138  
 05/03/06-80099-018 50.00

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: *Adeline O. Walsen*** **4-17-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #