

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90022 021 \*\*\*138.75



**DOCUMENT # L00000016028**  
 1. Entity Name  
**AOW, LLC**

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 - No P.O. Box #  
**22967 DRAKE LANE**

3. Mailing Address  
**P.O. BOX 6613**

Suite, Apt. #, etc.  
**CUDDJOE KEY, FL**

Suite, Apt. #, etc.  
**KEY WEST, FL**

Zip  
**33042**

Country  
**NONROE**

Zip  
**33041**

Country  
**NONROE**

04222008 Chg-LLC CR2E083 (12/06)



4. FEI Number  
**33-5161303**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**22967 DRAKE LANE**  
 City **CUDDJOE KEY FL** Zip Code **33042**

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 **Adeline O Walsen** DATE **4-28-08**

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALSER, ADELINE O 1134 WEST LAKE STREET HOLLYWOOD, FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>22967 DRAKE LANE CUDDJOE KEY, FL 33042</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Date **4-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #