

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065383

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE AARON INSTITUTE, LLC

Current Principal Place of Business:

805 WILLOW POND LANE
GENEVA, FL 32732 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 939
GENEVA, FL 32732 US

New Mailing Address:

FEI Number: 90-0438654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WETHMAN, CHRISTINE T
805 WILLOW POND LANE
GENEVA, FL 32732 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: WETHMAN, CHRISTINE T
Address: 805 WILLOW POND LANE
City-St-Zip: GENEVA, FL 32732 US

Title: MGRM () Delete
Name: ARP, WALLY
Address: 1209 WINTER SPRINGS BLVD.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete
Name: BOMMELJE, RICK
Address: 8530 AMBER OAK DR.
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE WETHMAN

MGR

03/27/2009

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