

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

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



04022006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1063084

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # L00000016028  
NAME AOW, LLC  
STREET ADDRESS 1134 WEST LAKE STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33019

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000521572  
05/02/06-80139-022 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Adeline O Walsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-06

Date

Daytime Phone #

STAPLE CHECK HERE