

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

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 - No P.O. Box #
 Suite, Apt. #, etc.
 22967 DRAKE LANE

3. Mailing Address
 Suite, Apt. #, etc.
 P.O. Box 6613

City & State
 CUDDOGE KEY, FL

City & State
 KEY WEST, FL

Zip
 33042

Country
 NOROE

Zip
 33041

Country
 NOROE

04222008 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 22967 DRAKE LANE
 City CUDDOGE 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 Walser DATE 4-18-08

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 22967 DRAKE LANE
 CITY-ST-ZIP CUDDOGE KEY, FL 33042

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 Walser DATE 4-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE