2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001530

1. Entity Name

AO PARTNERS, LTD.

APPROVED AND FILED

00 MAR 29 AM 11:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2300 GLADES RD., SUITE 100 E	2300 GLADES RD., SUITE 100 E
BOCA RATON FL 33431	BOCA RATON FL 33431-7335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538266

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
AO EQUITY CORPORATION 2300 GLADES RD., SUITE 100 E BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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.

SIGNATURE _____

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

DATE

9. Capital Contributions as Shown on record. **$643,500.00**

10. Amount of Capital Contributions in FLORIDA to date. 643,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # P94000083699 NAME AO EQUITY CORPORATION STREET ADDRESS 2300 GLADES RD., SUITE 100 E CITY-ST-ZIP BOCA RATON FL 33431	STREET ADDRESS CITY-ST-ZIP -04/14/00--01006--006 ****526.25 ****526.25
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CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REQUIRED _____ 3/23/0 (541) 391-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

William P. Greenfield