2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

| DOCUMENT # F0400003803 1. Entity Name ARONOV CONDO MANAGEMENT, INC. | | | | | | 008 90124 010 | ***1 | 50.00 |
|--|---|---|-------------------------|--|--------------------|---------------------|---------------|---------------------------|
| Principal Place of Business | | Mailing Address | | 3006. | 31711 | | | |
| 3500 EASTERN BLVD. | | 3500 EASTERN BLVD. | | | | | | |
| MONTGOMERY, AL 36616 | | MONTGOMERY, AL 36616 | | | .: | | | |
| | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01032008 | Chg-P | CR2E034 (1 | 2/06) | |
| City & State | | City & State | | 4. FEI Numbe 63-120 | | | \rightarrow | plied For t Applicable |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | | 5 Add | |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and | Address of New | Registered Agent | ., | |
| C T CORPORATION SYSTEM | | | | Name | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PLANTATI | ON, FL 33324 | | | | | | | |
| | | | City | | | FL Zi | p Code | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office o | registered agent, or bo | h, in the State of | ! | r with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: I | Registered Agent signat | ure required when reinstating) | • | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | S. Election Campaign Trust Fund Contrib | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | ADDITIONS/ | CHANGES TO O | FFICERS AND DIRE | CTORS | S IN 11 |
| TITLE | D D | ☐ Delete | TITLE NAME | | | c | hange | Addition |
| NAME STREET ADDRESS | ARONOV, JAKE F 3500 EASTERN BLVD. | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MONTGOMERY, AL 36616 | | CITY-ST-ZIP | | | | | |
| TITLE | D ADONOV OVERNIM | ☐ Delete | TITLE | | | □ c | hange | ☐ Addition |
| NAME STREET ADDRESS | ARONOV, OWEN W 3500 EASTÉRN BLVD. | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MONTGOMERY, AL 36116 | | CITY-ST-ZIP | | | | | |
| TITLE | P | ☐ Delete | TITLE | | | □ c | hange | Addition |
| NAME STREET ADDRESS | IVES, JENNY, L 3500 EASTERN BLVD. | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MONTGOMERY, AL 36116 | | CITY-ST-ZIP | | | | | |
| TITLE | V | ☐ Delete | TITLE | | | □ c | hange | Addition |
| NAME STREET ADDRESS | FLEISCHMAN, FRANCES 3500 EASTERN BLVD. | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MONTGOMERY, AL 36616 | | CITY-ST-ZIP | | | | | |
| TITLE | ST | ☐ Delete | TITLE | | | a | nange | Addition |
| NAME STREET ADDRESS | AUTREY, JËNNIFER P 3500 EASTERN BLVD. | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MONTGOMERY, AL 36616 | | CITY-ST-ZIP | | | | | |
| TITLE | AS | ☐ Delete | TITLE | | | XXC | nange | Addition |
| NAME STREET ADDRESS | TANDY, MICHAEL R 2500 EASTERN ???? | | NAME STREET ADDRESS | Terry, Mi | | | | |
| 1 | | CITY-ST-ZIP | 3500 East | | | | | |
| | <u> </u> | | A | Montgomer | V / A L | 30 0 | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1-22-09 334-277-100