



2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000001235 1. Entity Name AOA PROPERTIES, L.C.						FILED 05 NOV -7 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3679 NE 201 STREET AVENTURA, FL 33180				Mailing Address 3679 NE 201 STREET AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent GORFINKEL, NESTOR B 1111 KANE CONCOURSE, SUITE #401 BAY HARBOR ISLANDS, FL 33154				7. Name and Address of New Registered Agent Name <u>NESTOR GORFINKEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>20818 WEST DIXIE HIGHWAY</u> City <u>AVENTURA</u> <u>FL</u> Zip Code <u>33180</u>			
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 <u><i>[Signature]</i></u> <u>NESTOR GORFINKEL</u> <u>11/4/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHUBER, ELIEZER 3679 NE 201ST STREET AVENTURA, FL 33180			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEONOR SHUBER ZELER 3679 NE 201 STREET AVENTURA, FLA 33180		
	Delete <input checked="" type="checkbox"/>				Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
	Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>		
	Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>		
	Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>		
	Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>		
	Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>		
11. 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 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: <u><i>[Signature]</i></u> <u>LEONOR SHUBER ZELER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>11/4/05</u> <u>305 933 8276</u> <small>Date Daytime Phone #</small>			