2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L00000013161

Entity Name: AOTOP LLC

Current Principal Place of Business:

2811 CAMPUS HILL DRIVE
TAMPA, FL 33812

New Principal Place of Business:

2811 CAMPUS HILL DRIVE
TAMPA, FL 33612

Current Mailing Address:

7491 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319

New Mailing Address:

7491 WEST OAKLAND PARK BLVD.
SUITE 100
LAUDERHILL, FL 33319

FEI Number: 65-1041234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTROFF, RONALD J
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

OSTROFF, RONALD J
7491 W. OAKLAND PARK BLVD.
SUITE 100
LAUDERHILL, FL 33319 US

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: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: OSTROFF, RONALD J
Address: 7491 W. OAKLAND PARK BLVD. #100
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM ( ) Delete
Name: LICHTSCHEIN, TEDDY
Address: 7491 W. OAKLAND PARK BLVD. #100
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RONALD J. OSTROFF MGRM 04/29/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date