

2001 UNIFORM BUSINESS REPORT (UBR)

0015491 AF

DOCUMENT # L00000013162					
1. Entity Name AOTRE LLC					
Principal Place of Business 1711 6TH AVENUE SOUTH LAKE WORTH FL 33460			Mailing Address 1711 6TH AVENUE SOUTH LAKE WORTH FL 33460		
01 JUN 18 PM 12:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1041230	
				Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OSTROFF, RONALD J 1711 6TH AVENUE SOUTH LAKE WORTH FL 33460			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME <i>Mgr Ostroff, Ronald J</i> <input type="checkbox"/> Delete			TITLE NAME <i>300004438029-4</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <i>1711 6th AVE South</i>			STREET ADDRESS <i>-06/22/01--01098--004</i>		
CITY-ST-ZIP <i>LAKE WORTH, FL 33460</i>			CITY-ST-ZIP <i>*****55.00 *****55.00</i>		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i> SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

CR2E083 (11/00)