

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90171 012 \*\*\*\*55.00

**DOCUMENT # L01000004220**

1. Entity Name  
**AAADVANTAGE ONE LLC**

Principal Place of Business  
**6217 WESTGATE DRIVE #805**  
**ORLANDO FL 32835**

Mailing Address  
**6217 WESTGATE DRIVE #805**  
**ORLANDO FL 32835**

2. Principal Place of Business  
**9139 Lake Fischer Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9139 Lake Fischer Blvd**  
 Suite, Apt. #, etc.

City & State  
**Gotha FL**

City & State  
**Gotha FL**

4. FEI Number  
**59-3704315**

Applied For  
 Not Applicable

Zip  
**34734**

Country  
**Orange**

Zip  
**34734**

Country  
**Orange**

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**

**TEHRANI, KAMRAN B**  
**6217 WESTGATE DRIVE #805**  
**ORLANDO FL 32835**

Name  
**Kamran B. Tehrani**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9139 Lake Fischer Blvd**  
 City  
**Gotha FL** Zip Code  
**34734**

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 *Kamran B. Tehrani*

DATE 7/22/02

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>MGRM</b>	<b>KAMRAN B TEHRANI</b>	<b>9139 Lake Fischer Blvd</b>		
			<b>Gotha, FL 34734</b>		

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: *Kamran B. Tehrani*

DATE 7/22/02 DAYTIME PHONE # 407-295-3969

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #

CR2E083 (4/02)



DO NOT WRITE IN THIS SPACE