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2003 APR 23 PM 3:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002076

1. Entity Name
ARON CAPITAL, L.L.C.

Principal Place of Business	Mailing Address
1601 FORUM PLACE, SUITE 1000 WEST PALM BEACH, FL 33401	1601 FORUM PLACE, SUITE 1000 WEST PALM BEACH, FL 33401

2. Principal Place of Business	3. Mailing Address
1601 Forum Place	
Suite, Apt. #, etc. Suite # 1000	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33401 · Country USA	Zip · Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3595295 ☐ Applied For ☐ Not Applicable

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
ARON, STEPHEN J 5527 N. MILITARY TRAIL, APT. 1403 BOCA RATON, FL 33496	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

300016814119
04/23/03--01073--003 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARON, STEPHEN J 5527 N. MILITARY TRAIL, APT. 1403 BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARON, MICHAEL T 5527 N. MILITARY TRAIL, APT. 1403 BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE · Date · Daytime Phone #