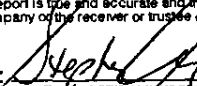


FILED

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 1601 FORUM PLACE, SUITE 1000 WEST PALM BEACH, FL 33401		Mailing Address 1601 FORUM PLACE, SUITE 1000 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 1601 Forum Place		3. Mailing Address	
Suite, Apt. #, etc. Suite # 1000		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33401	Country USA	Zip	Country
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 ARON, STEPHEN J 5627 N. MILITARY TRAIL, APT. 1403 BOCA RATON, FL 33496		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required unless exempted) Signature, typed or printed name of registered agent and date if applicable			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARON, STEPHEN J 5627 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 5627 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF RECORDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

☐ CHECK HERE IF MAKING CHANGESFILE NOW!!! FEES \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003900016814119
04/23/03--01073--003 **50.00

CR2003 (10/02)