2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000032693

Entity Name: AOTD L.L.C.

Current Principal Place of Business:

1063 KELSEY AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1063 KELSEY AVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
STE. E, 773 4TH AVE. NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOCANEGRA, MIKE
Address: 1063 KELSEY AVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: BOCANEGRA, ERASMO
Address: 1211 COUROVE
City-St-Zip: MARSHALL, MI 49068

Title: MGRM ( ) Delete
Name: BOCANEGRA, SUE
Address: 1211 COUROVE
City-St-Zip: MARSHALL, MI 49068

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BOCANEGRA, ERASMO
Address: 1211 COLGROVE
City-St-Zip: MARSHALL, MI 49068

Title: MGRM (X) Change ( ) Addition
Name: BOCANEGRA, SUE
Address: 1211 COLGROVE
City-St-Zip: MARSHALL, MI 49068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIKE BOCANEGRA MGR 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date