

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90051 043 ****50.00

DOCUMENT # L05000114700 1. Entity Name AAW, LLC					
Principal Place of Business 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US			Mailing Address 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
5. 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 signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANSAN, LLC 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, JOHN 3910 S.W. COLLEGE ROAD, SUITE 201 OCALA, FL 34474 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: _____			4/10/06 350-600-3814		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30004716



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3952555** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY-ST-ZIP
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VANSAN, LLC
2603 S.E. 17TH STREET, SUITE A
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALVAREZ, JOHN
3910 S.W. COLLEGE ROAD, SUITE 201
OCALA, FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06 350-600-3814

Daytime Phone #