


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90122 025 \*\*\*138.75

<b>DOCUMENT # M03000004021</b> 1. Entity Name <b>A.O. BLACKACRE LLC</b>	
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Principal Place of Business <b>171 MATAWAN AVE MATAWAN, NJ 07747</b>	Mailing Address <b>171 MATAWAN AVE MATAWAN, NJ 07747</b>
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**DO NOT WRITE IN THIS SPACE**

01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>22-3576226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

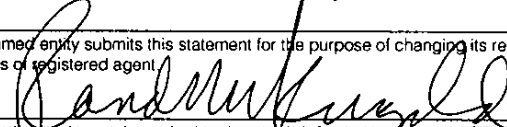
6. Name and Address of Current Registered Agent

**KRONGOLD & SINGER, P.L.  
RANDI M. KRONGOLD, ESQ  
201 ALHAMBRA CIR, STE 801  
CORAL GABLES, FL 33134**

**1441 BRICKEL AVE.  
SUITE 1430  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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  1/28/08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

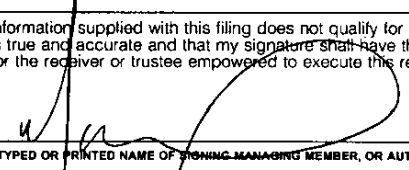
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIEGEL, MARC J 171 MATAWAN AVE MATAWAN, NJ 07747</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  1/30/08 732.566.5900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #