

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003776

Entity Name: AOA OFFICE, LLC

FILED
Mar 22, 2011
Secretary of State

Current Principal Place of Business:

C/O ADLER GROUP INC.
1400 NW 107TH AVENUE, 5TH FLOOR
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

C/O ADLER GROUP INC.
1400 NW 107TH AVENUE, 5TH FLOOR
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-3152427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SMITHER, ROBERT M
1400 NW 107TH AVENUE
5TH FL
MIAMI, FL 33172 US

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: ROBERT M. SMITHER

03/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADLER OFFICES ASSOCIATES, LTD.
Address: C/O ADLER GROUP INC.
City-St-Zip: DORAL, FL 33172

Title: P
Name: ADLER, MICHAEL M
Address: 1400 NW 107TH AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: ADLER, MATTHEW L
Address: 1400 NW 107TH AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: HARRIS, BRETT W
Address: 1400 NW 107TH AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: VP/T
Name: SMITHER, ROBERT
Address: 1400 NW 107TH AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: S
Name: SMITHER, ROBERT M
Address: 1400 NW 107TH AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

I hereby 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: ROBERT M. SMITHER

VP/T

03/22/2011

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