

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003776

Entity Name: AOA OFFICE, LLC

FILED  
Apr 19, 2012  
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:

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

VPTS

04/19/2012

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