

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000103

FILED
Apr 08, 2004
Secretary of State

Entity Name: AOC, LLC

Current Principal Place of Business:

950 HIGHWAY 57 EAST
COLLIERVILLE, TN 38017

New Principal Place of Business:

Current Mailing Address:

950 HIGHWAY 57 EAST
COLLIERVILLE, TN 38017

New Mailing Address:

FEI Number: 62-1576207

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:

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/MEMBERS:

Title: MGRM () Delete
Name: THE ALPHA CORPORATIO, N OF TENNESSEE
Address: 175 COMMERCE ROAD, 2ND FLOOR
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR () Delete
Name: NORMAN, FREDERICK S
Address: 950 HIGHWAY 57 EAST
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR () Delete
Name: GRIGGS, JOHN W
Address: 950 HIGHWAY 57 EAST
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR () Delete
Name: PARKS, PAUL N
Address: 950 HIGHWAY 57 EAST
City-St-Zip: COLLIERVILLE, TN 38017

ADDITIONS/CHANGES:

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

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

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

Title: MGR (X) Change () Addition
Name: WEGHORST, RANDALL A
Address: 950 HIGHWAY 57 EAST
City-St-Zip: COLLIERVILLE, TN 38017

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W GRIGGS

MGR

04/08/2004

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