

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000012260

1. Entity Name
A & H PROPERTY INVESTMENTS, L.L.C.



Principal Place of Business
5838 AUDUBON MANOR BLVD.
LITHIA, FL 33541

Mailing Address
5838 AUDUBON MANOR BLVD.
LITHIA, FL 33541

FILED
Jan 07, 2005 08:00 AM
Secretary of State



01032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
45-0479748

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANSKY, GLEN R
137 S. PARSONS AVE.
BRANDON, FL 33511

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRIDEMORE, TRACIE
5838 AUDUBON MANOR BLVD.
LITHIA, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRIDEMORE, TODD
5838 AUDUBON MANOR BLVD.
LITHIA, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000174545
01/10/05-80014-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Todd Pridemore

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

1/4/05

Date

813-643-2777

Daytime Phone #