


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000018706	
1. Entity Name AHBH, LLC	

Principal Place of Business 6499 ENCLAVE WAY BOCA RATON, FL 33496	Mailing Address 6499 ENCLAVE WAY BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



01102008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 30-0097923	Applied For 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

RAYMOND, JOHN J JR  
 BUTZEL LONG, P.C.  
 1200 N. FEDERAL HIGHWAY, SUITE 420  
 BOCA RATON, FL 33432

**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 \_\_\_\_\_ (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	MGR MARKOWITZ, MARTIN L 6499 ENCLAVE WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSERMAN, NEIL J 2200 YAMATO RD BOCA RATON, FL 33431
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 01/25/08-80035-006 138.75

**DO NOT WRITE 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: Mark L Markowitz      Date: 1/17/08      Daytime Phone #: 561-241-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #