

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002976

FILED
Jul 13, 2004
Secretary of State

Entity Name: A H & A SERVICES, L.L.C.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1153926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATTON, DAVID L
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

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: MGR () Delete
Name: HATTON, DAVID
Address: 1500 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORLA GABLES, FL 33134

Title: MGR () Delete
Name: AGUILAR, LUIS
Address: 407 AV. FRANCISCO DE HIRANDA
City-St-Zip: LOS RUICES, CARACAS, 1071

Title: MGR () Delete
Name: AGUILAR, CARLOS
Address: 452 RIDGEWOOD ROAD
City-St-Zip: KEY BISCAWAYNE, FL 33149

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:

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: DAVID HATTON

MGR

07/13/2004

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