

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90315 012 ****50.00

DOCUMENT # L02000018287

1. Entity Name
AHT USA, LLC



Principal Place of Business
**2601 EAST 2ND AVE.
TAMPA, FL 33605**

Mailing Address
**2601 EAST 2ND AVE.
TAMPA, FL 33605**

24014889



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 43-1967994 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**CFRA, LLC
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD.
TAMPA, FL 33602**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NOSKOWICZ, HOWARD 2601 E 2ND AVE TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAHL, DARRELL 2601 E 2ND AVE TAMPA, FL 33605 |
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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: *Howard Noskowitz*

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

Howard Noskowitz 2/6/04

Date

Daytime Phone #

813

870 0340