


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90190 004 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1967994	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 422 NW BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736			Name DARRELL DAHL Street Address (P.O. Box Number is Not Acceptable) 2601 EAST 2ND AVE. TAMPA, FL 33605 City FL Zip Code		
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 <u><i>Darrell Dahl</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/31/05</u>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOSKOWICZ, HOWARD 2601 E 2ND AVE TAMPA, FL 33605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAHL, DARRELL 2601 E 2ND AVE TAMPA, FL 33605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Howard Noskowitz</i></u> HOWARD NOSKOWICZ			Date <u>1/31/05</u> Daytime Phone # <u>813 870 0340</u>		