


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026834 1. Entity Name HOCHBERG AHSO DOWNTOWN INVESTMENTS, LLC	
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Principal Place of Business C/O JOEL HOCHBERG 317 OCEAN BOULEVARD GOLDEN BEACH, FL 33160	Mailing Address C/O JOEL HOCHBERG 317 OCEAN BOULEVARD GOLDEN BEACH, FL 33160
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04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0875878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 103 N. MERIDIAN STRET LOWER LEVEL TALLAHASSEE, FL 32301

**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**

1100000363380

05/05/05-80156-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCHBERG, JOEL 317 OCEAN BLVD GOLDEN BEACH, FL 33160
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**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: Joel Hochberg Mgr

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

JOEL HOCHBERG

April 28, 2005

Date

(305) 932-7713

Daytime Phone #