2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000026834

1. Entity Name HOCHBERG AHSO DOWNTOWN INVESTMENTS, LLC



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business C/O JOEL HOCHBERG 317 OCEAN BOULEVARD

GOLDEN BEACH, FL 33160

Mailing Address C/O IDEL HOCHBERG 317 OCEAN BOULEVARD GOLDEN BEACH, FL 33150



04272806 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-0875878 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE, FL 32301

CITY-SI-7IP

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	named entity submits this statement for the purpose of char ions of registered agent.	l nging its registered affice	or registered agent, or both, in the S	tate of Florida. I am familiar with, and a	ccept	
SIGNATURE	Signature, typed or primed name of registered agent and rate if applicable.	(NOTE: Raylstered Agent signature required when reinstaling) DATE				
	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCHBERG, JOEL 317 OCEAN BLVD GOLDEN BEACH, FL 33160		U 05/1	00000548651 2/06-80075 -0 02-50.00		
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THEE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE		
DILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:
SIGNATURE:
Date OF Printed NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Devilor Phone A