

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000026835 1. Entity Name AHSO DOWNTOWN INVESTMENTS, LLC	
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Principal Place of Business 317 OCEAN BLVD. C/O JOEL HOCHBERG GOLDEN BEACH, FL 33160	Mailing Address 317 OCEAN BLVD. C/O JOEL HOCHBERG GOLDEN BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 05-0552636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
 103 N. MERIDIAN STREET
 LOWER LEVEL
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

U00000363377
 05/05/05-80156-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOCHBERG, JOEL 317 OCEAN BLVD. GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MINIACI, ALBERT 1411 SW 31ST AVE. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. JOEL HOCHBERG April 28, 2005 (305) 932-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #