

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

CR # 1

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90162 001 ***110.00

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1. Entity Name
ALHI-ASN, LLC



Principal Place of Business
7652 ASHLEY PARK COURT
SUITE 303
ORLANDO, FL 32835

Mailing Address
7652 ASHLEY PARK COURT
SUITE 303
ORLANDO, FL 32835

30000178



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0505219

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO, FL 32801

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ASSOCIATED LUXURY HOTELS INTERNATIONAL HO
7652 ASHLEY PARK COURT, SUITE 303
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Helaine B Metcalfe

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

1-28-05

Date

Daytime Phone #