2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000057530

1. Entity Name



FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90337 008 ****50.00

A & H 90°	1 G P, LLC								
Principal Place of Business 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134			6004761	************************************	II i 9061 #114 F1	I TT 1 (TT)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		.,	4. FEI Numb	60095	07		pplied For at Applicable
Žip	Country	Zip	Country			e of Status Desired	U	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
901 PONC	OZ, WILLIAM H CE DE LEON BOULEVARD STE	E 603	Street Addre		s (P.O. Box Numb	per is Not Acceptabl	е)		
CORALG	ABLES, FL 33134								······
				City			FL	Zip Code	e
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									
	iling Fee is \$50.00 ue by May 1, 2007						ce check pa a Departm	-	в
9.	MANAGING MEMBER	S/MANAGERS	10.	1 .		ADDITIONS	/CHANGES		
NAME STREET ADDRESS City-St-Zip	MGR ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVA CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, LUIS 901 PONCE DE LEON BOULEVA CORAL GABLES, FL 33134	☐ Delete	NAME STREET	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	FADORESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	CITY-S					Change	Addition
I I I DATADU	certify that the information supplied with			NUMBER OF THE PROPERTY OF THE	an out instruct 115				n collected of t

I nereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE