2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000057530

1. Entity Name
A & H 901 G P, LLC

Principal Place of Business	Mailing Address
901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BOULEVARD STE 603 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5009507	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BOULEVARD STE 603
CORAL GABLES, FL 33134

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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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000936580
05/27/08-80015-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ALBORNOZ, WILLIAM H
STREET ADDRESS	901 PONCE DE LEON BOULEVARD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	HENAO, LUIS
STREET ADDRESS	901 PONCE DE LEON BOULEVARD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *William H. Albornoz*   4/28/08   305-444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

William H. Albornoz