M03000001654

FILED
04 MAY -4 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M03000001654

1. Entity Name
AL-LH Sub, L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
445 Broad Hollow Road	Attn.: Michelle Moezzi 445 Broad Hollow Road
Suite, Apt. #, etc. Suite 239	Suite, Apt. #, etc. Suite 239
City & State Melville, NY	City & State Melville, NY
Zip 11747	Country Suffolk
Zip 11747	Country Suffolk

4. FEI Number
33-1057338
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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 4/30/04
Signature, typed or printed name of registered agent and title if applicable

FEE IS $150.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

800035436368

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	AL-LH Mezz, L.L.C.
STREET ADDRESS	445 Broad Hollow Road, Suite 239
CITY-ST-ZIP	Melville, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ Michelle Moezzi, Authorized Person 4/30/04 212.302.5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC. CORPORATION SERVICE COMPANY

M03000001654

ACCOUNT NO. : 072100000032

REFERENCE : 605491 7174534

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 3:22 PM

ORDER NO. : 605491-035

CUSTOMER NO: 7174534

CUSTOMER: Ms Michelle Moezzi
Global Securitization Services
Suite 1715
114 West 47th Street
New York, NY 10036

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

RECEIVED
04 MAY -4 PM 4:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: AL-LH SUB, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____