2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003613

1. Entity Name AHA LEASING, LLC



Principal Place of Business

4152 INDEPENDENCE CT., SUITE C6 SARASOTA, FL 34234

Mailing Address

. 4152 INDEPENDENCE CT., SUITE C6 SARASOTA, FL 34234

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0285722 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR 200 AVIATION DRIVE, SUITE 2 NAPLES, FL 34104

NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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8. The above the obligation	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.		-	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM JOHNSON, GEORGE W JR 4152 INDEPENDENCE CT., SUITE C6 SARASOTA, FL 34234		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE			·

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.