2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018242

1. Entity Name AAHCS LLC



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

C/O LEDER GROUP INVESTMENT PROPERTIES

6530 W ROGERS CIR, STE. 31 BOCA RATON, FL 33487 Mailing Address

C/O LEDER GROUP INVESTMENT PROPERTIES 6530 W ROGERS CIR, STE. 31

BOCA RATON, FL 33487



02102004 No Chg-LLC

GR2E083 (10/03)

4. FEI Number 16-1638013 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

	6. Name and Address of Current Registered Agent	
DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A. SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of charations of registered agent.	nging its registered office or registered agent, or both, 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
Fi D	iling Fee is \$50.00 ue by May 1, 2004	1/00000126269 04/23/04-80027-007 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	LEDER GROUP INC.	· · · ·
STREET ADDRESS	6530 W. ROGERS CIR. SUITE 31	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		
NAME		
STREET ADDRESS CITY - ST - ZIP		
		· · · · · · · · · · · · · · · · · · ·
YITLE NAME	Ì	
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THE COACE
NAME		IN THIS SPACE

I hereby certify that the information subplied 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.

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

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

4/19/04

561-995-7878

Daytime Phone ⊭