


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000067467

1. Entry Name  
 ACHC, LLC



Principal Place of Business 13 S.W. 7TH STREET MIAMI, FL 33130 US	Mailing Address 13 S.W. 7TH STREET MIAMI, FL 33130 US
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC CR2E083 (11/05)

4. FEL Number 20-2128456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.  
 20801 BISCAYNE BLVD.  
 SUITE 501  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, WAYNE 277 GALEON COURT CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/26/06-80108-015 50.00

**DO NOT WRITE 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 recipient of trust funds and I will execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4-506 305-372-1266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #