2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000000069 1. Entity Name AHC METRO PARK TAMPA LLC



Principal Place of Business 900 CLARK STREET EVANSTON, IL 60201

Mailing Address

900 CLARK STREET EVANSTON, IL 60201

FILED Apr 23, 2007 08:00 Al Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	_
20-2178704	Not Applicable	3
5. Certificate of Status Desired	\$5.00 Additional	_

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET

DO NOT WRITE

TALLAHAS	SSEE, FL 32301-2525	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging as 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 site if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
Fi D	lling Fee Is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	the second secon
NAME	AHC MANAGEMENT, INC.	the state of the s
STREET ADDRESS	900 CLARK STREET	the state of the s
CITY-S1-ZIP	EVANSTON, IL 60201	and the second s
THILE		The said of the sa
NAME		and the state of t
STREET ADDRESS		
CITY - ST - ZIP		
THILE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE		I IN THIS SPACE
NAME STREET ADDRESS		A STATE OF THE COURT OF THE STATE OF THE STA
CITY-ST-ZIP		the state of the s
TITLE		
NAME		The state of the s
STREET ADDRESS		
CITY+ST-ZIP		100000724293
TOLE		05/02/07-30107-003-50-00-
NAME		
STREET ADDRESS		The state of the s
CITY-ST-ZIP		and the second of the second o
11. I hereby	certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company or the edgiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Eugene F. REARDON TED NAME OF SIGNING MANABING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #