
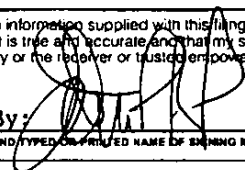


**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90362 024 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # M06000006603</b>							
<b>1. Entity Name</b> AHC STERLING HOUSE OF PANAMA CITY, LLC							
<b>Principal Place of Business</b> 330 NORTH WABASH, SUITE 1400 CHICAGO, IL 60611			<b>Mailing Address</b> 330 NORTH WABASH, SUITE 1400 CHICAGO, IL 60611				
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01102007 Chg-LLC CR2E083 (12/06)			
Zip		Country		<b>4. FEI Number</b> <u>20-5935733</u> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code				
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____							
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTE, MARK J 330 NORTH WABASH, SUITE 1400 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIJOS, JOHN P 330 NORTH WABASH, SUITE 1400 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OHLENDORF, MARK W 6737 WEST WASHINGTON, SUITE 2300 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERIFF, WILLIAM E 111 WESTWOOD DRIVE BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>							
<b>SIGNATURE:</b> By: 		<b>John P. Rijos, Manager</b>		<b>04/10/07 312/977-3700</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			