
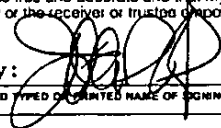


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-23-2007 90362 026 \*\*\*\*50.00

<b>DOCUMENT # M06000006608</b>					
1. Entity Name AHC STERLING HOUSE OF PORT CHARLOTTE, LLC					
Principal Place of Business 330 NORTH WABASH, STE. 1400 CHICAGO, IL 60611			Mailing Address 330 NORTH WABASH, STE. 1400 CHICAGO, IL 60611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number <b>20-9135805</b> APPLIED FOR	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTE, MARK J		NAME		
STREET ADDRESS	330 NORTH WABASH, STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIJOS, JOHN P		NAME		
STREET ADDRESS	330 NORTH WABASH, STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OHLENDORF, MARK W		NAME		
STREET ADDRESS	6737 WEST WASHINGTON, STE. 2300		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53214		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERIFF, WILLIAM E		NAME	W.E. Sheriff	
STREET ADDRESS	111 WESTWOOD DRIVE, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, TN 37027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: By: 		John P. Rijos, Manager		04/07/10	312/977-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Device Phone #	

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