

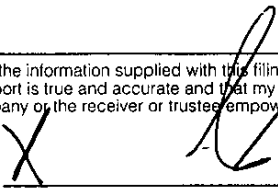


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 011 \*\*\*138.75

<b>DOCUMENT # L02000018242</b> 1. Entity Name <b>AAHCS LLC</b>					
Principal Place of Business <b>C/O LEDER GROUP INVESTMENT PROPERTIES          6530 W ROGERS CIR, STE. 31          BOCA RATON, FL 33487</b>			Mailing Address <b>C/O LEDER GROUP INVESTMENT PROPERTIES          6530 W ROGERS CIR, STE. 31          BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>4755 Technology Way Ste. 202          Boca Raton, FL 33431-3338</b>		3. Mailing Address <b>4755 Technology Way Ste. 202          Boca Raton, FL 33431-3338</b>			
Zip	Country	Zip	Country	02052008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>16-1638013</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DANIELS, NICHOLAS M ESQ.          THERREL BAISDEN, P.A.          SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400          MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75          After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to          Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDER GROUP INC.		NAME	4755 Technology Way Ste. 202	
STREET ADDRESS	6530 W. ROGERS CIR, SUITE 31		STREET ADDRESS	Boca Raton, FL 33431-3338	
CITY-ST-ZIP	BOCA RATON, FL 33487		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		
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: 			Date: <b>2/28/08</b> Daytime Phone #: <b>561-995-7878</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					