

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 013 ***150.00

DOCUMENT # F02000003526					
1. Entity Name AHM RES II GP, INC.					
Principal Place of Business 814 EAST MAIN STREET RICHMOND, VA 23219			Mailing Address 814 EAST MAIN STREET RICHMOND, VA 23219		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0618381	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCD NAME KNIGHT, GLADE M STREET ADDRESS 814 EAST MAIN STREET CITY-ST-ZIP RICHMOND, VA 23219	<input type="checkbox"/> Delete		TITLE VS NAME David P. Buckley STREET ADDRESS 814 East Main St CITY-ST-ZIP Richmond VA 23219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VS NAME HART, J. PHILIP STREET ADDRESS 814 EAST MAIN STREET CITY-ST-ZIP RICHMOND, VA 23219	<input checked="" type="checkbox"/> Delete		TITLE VT NAME MCKENNEY, DAVID S STREET ADDRESS 814 EAST MAIN STREET CITY-ST-ZIP RICHMOND, VA 23219	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME MCKENNEY, DAVID S STREET ADDRESS 814 EAST MAIN STREET CITY-ST-ZIP RICHMOND, VA 23219	<input type="checkbox"/> Delete		TITLE D NAME HORNE, ADRIANNE M STREET ADDRESS 1209 ORANGE STREET CITY-ST-ZIP WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	
TITLE D NAME Horne, Adrienne M STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME Adrienne M Horne STREET ADDRESS 1209 Orange St CITY-ST-ZIP Wilmington DE 19801	<input type="checkbox"/> Change <input checked="" 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	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/6/06 8043448121		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		