04-01-2004 90220 025 ****50.00
L00000013006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 29 AM 9:11

34003449

02122004 Chg-LLC CR2E083 (10/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013006

1. Entity Name
AHS PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
2401 DRANE FIELD RD. LAKELAND, FL 33811	2401 DRANE FIELD RD. LAKELAND, FL 33811
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1063227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHELAN, JOHN T 3090 SHOAL CREEK VILLAGE DRIVE LAKELAND, FL 33803	Name Street Address (P.O. Box Number Is Not Acceptable) 3051 Winged Foot Drive 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHELAN, JOHN T 3090 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3051 Winged Foot Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MEM~~ MGRM PHELAN, ILENE S 3090 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3051 Winged Foot Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/12/04 863 646 9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #