2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000004835

1. Entity Name
AHS COMMUNICATION LC

Principal Place of Business	Mailing Address
843 CYPRESS PARKWAY KISSIMMEE, FL 34759	843 CYPRESS PARKWAY KISSIMMEE, FL 34759

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

03062006   Chg-LLC   CR2E083 (11/05)

Zip	Country	Zip	Country

4. FEI Number
59-3706023
☐ 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
SAJJAD, SABQATUL H 843 CYPRESS PARKWAY KISSIMMEE, FL 34759	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 _____

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME SAJJAD, SABQATUL H STREET ADDRESS 843 CYPRESS PARKWAY CITY-ST-ZIP KISSIMMEE, FL 34759	☐ 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
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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 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: _S. Hasner Sajjad_   _04-26-06_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #