


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010730</b> 1. Entity Name AHR, LLC	
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Principal Place of Business 5891 COUNTRY LAKES DR FORT MYERS, FL 33905	Mailing Address 5891 COUNTRY LAKES DR FORT MYERS, FL 33905
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**DO NOT WRITE IN THIS SPACE**

02252008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2293928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOGERTY, JEAN ANN  
5891 COUNTRY LAKES DR  
FORT MYERS, FL 33905

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000843877  
03/12/08-80012-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RITTER, ARNO H 5891 COUNTRY LAKES DR. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOGERTY, JEAN ANN 5891 COUNTRY LAKES DR. FORT MYERS, FL 33905
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IN THIS SPACE**

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: *Jeannette Gogerty* 2/26/08 (239) 694-5662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #