

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024632

Entity Name: ACH ACQUISITIONS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1515 N. FEDERAL HWY
STE 300
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1515 N. FEDERAL HWY
STE 300
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 51-0470093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSAS, ANDREW N
1515 N. FEDERAL HWY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

CASSAS, ANDREW N
1515 N. FEDERAL HWY
300
BOCA RATON, FL 33432 US

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.

SIGNATURE: ANDREW CASSAS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASSAS, ANDREW N
Address: 1515 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: ROGERS, CHRISTINE
Address: 1515 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASSAS, ANDREW N
Address: 1515 N. FEDERAL HWY SUITE 300
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Change () Addition
Name: ROGERS, CHRISTINE
Address: 1515 N. FEDERAL HWY SUITE 300
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW CASSAS

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date