


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000026990 1. Entity Name AHS, LLC |  |
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| Principal Place of Business 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 | Mailing Address 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 |
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01152007No Chg-LLC

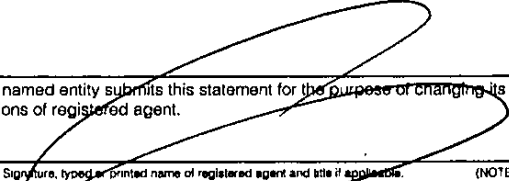
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-1160399 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 |
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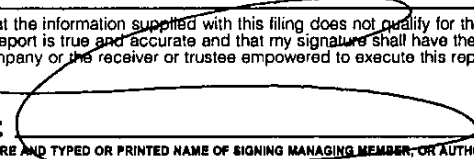
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) | 1/12/07 DATE |
|---|-----------------|

**Filing Fee is \$50.00
Due by May 1, 2007**

000000593025
01/22/07-80015-014 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOOD, CHARLES D 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 |
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| 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:  (NOTE: Registered Agent signature required when reinstating) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE | 1/12/07 Date | Daytime Phone # |
|--|-----------------|-----------------|