2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000067467

1. Entity Name
ACHC, LLC

Principal Place of Business	Mailing Address
13 S.W. 7TH STREET	13 S.W. 7TH STREET
MIAMI, FL 33130 US	MIAMI, FL 33130 US

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01052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2128456	Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEOPOLD, KORN & LEOPOLD, P.A.~~
~~20801 BISCAYNE BLVD.~~
~~SUITE 501~~
~~AVENTURA, FL 33180~~

Sonn & Mittelman, P.A.
2999 NE 191st Street
Suite 409

Aventura, FL 33180

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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 _____

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LATTERNER, MICHAEL
STREET ADDRESS	13 S.W. 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGRM
NAME	ROSEN, WAYNE
STREET ADDRESS	277 GALEON COURT
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/24/07   305-372-1266

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