

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083384

Entity Name: AHCG, LLC

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

11217 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

## Current Mailing Address:

11217 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

## New Mailing Address:

FEI Number: 26-0100321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 322023520 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: ARNOLD, CHARLES W III  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: HINSON, DAVID L  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: SKAFF, DANA R  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST ( ) Delete  
Name: JOHNSON, SUSAN K  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: UDELL, ROBERT E  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN JOHNSON

ST

04/28/2006

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