


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L05000040356 1. Entity Name ACCH, LLC	
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Principal Place of Business P.O. BOX 5893 GAINESVILLE, FL 32627	Mailing Address P.O. BOX 5893 GAINESVILLE, FL 32627
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DO NOT WRITE IN THIS SPACE



04082008No Chg-LLC

CR2E083 (12/07)

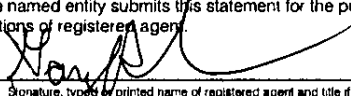
4. FEI Number 71-0981423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMMONS, GARY R
15544 NW 25TH TERRACE
GAINESVILLE, FL 32609

**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  Gary Clemmons 4-8-08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

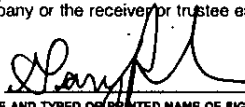
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/22/08-80048-021 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, RONALD F 11328 NW 136TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLSON, LEWIS C 3845 NW 37TH PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, ALBERT C 13625 NW 56TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMMONS, GARY R 15544 NW 25TH TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4-8-08 386-418-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #