

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113348

Entity Name: CCHS, LLC

FILED
Aug 31, 2006
Secretary of State

Current Principal Place of Business:

3435 CAROLINE RIDGE LANE EAST
JACKSONVILLE, FL 32225

New Principal Place of Business:

10948 ASHBOURNE TRAIL
JACKSONVILLE, FL 32225

Current Mailing Address:

3435 CAROLINE RIDGE LANE EAST
JACKSONVILLE, FL 32225

New Mailing Address:

10948 ASHBOURNE TRAIL
JACKSONVILLE, FL 32225

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COPELAND, CARLTON P
3435 CAROLINE RIDGE LANE EAST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

COPELAND, CARLTON P
10948 ASHBOURNE TRAIL
JACKSONVILLE, FL 32225 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: CARLTON P COPELAND

08/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COPELAND, CARLTON P
Address: 3435 CAROLINE RIDGE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: COPELAND, CARLTON P
Address: 10948 ASHBOURNE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

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: CARLTON P COPELAND

PRES

08/31/2006

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