2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-20-2006 90034 030 ****50.00

DOCUMENT # L05000113660

1. Entity Name
AHC PROPERTIES, LLC

Principal Place of Business	Mailing Address
9130 SOUTH DADELAND BOULEVARD SUITE 1129, TWO DATRAN CENTER MIAMI, FL 33156	9130 SOUTH DADELAND BOULEVARD SUITE 1129, TWO DATRAN CENTER MIAMI, FL 33156

02212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
9130 S. Dadeland	
Suite, Apt. #, etc.: 1129	Suite, Apt. #, etc.:
City & State: Miami Fla	City & State:
Zip: 33156 / Country: Mia Dade, US	Zip: / Country:

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASUSO, CARLOS E
9130 SOUTH DADELAND BOULEVARD
SUITE 1129, TWO DATRAN CENTER
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: NA
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

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] 4/17/07
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	AJO, ARIEL	
STREET ADDRESS	7975 MIAMI LAKES DRIVE, SUITE 250	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	MGR	☐ Delete
NAME	CASUSO, CARLOS E	
STREET ADDRESS	9130 SOUTH DADELAND BOULEVARD	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4-17-06 305-670-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #