

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002871

FILED
Apr 21, 2008
Secretary of State

Entity Name: AHM HOLDING LLC

Current Principal Place of Business:

16425 COLLINS AVE
SUITE 1811
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

8211 W BROWARD BLVD
STE PHI
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 20-4081708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, RONALD CPA
8211 W BROWARD BLVD STE PHI
PLANTATION, FL 33324 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: MGR () Delete
Name: ROSENSTEIN, HAROLD
Address: 16425 COLLINS AVE SUITE 1811
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Delete
Name: WEXLER, ALEXANDER
Address: 16445 COLLINS AVE SUITE 825
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Delete
Name: WOLFOND, MELVYN
Address: 16445 COLLINS AVE SUITE 1821
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD MARTIN

RA

04/21/2008

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