

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-06-2007 90078 016 ****55.00

DOCUMENT # L06000061971		
1. Entity Name AHL 511 LLC		

Principal Place of Business 14400 COVENANT WAY BRADENTON, FL 34202	Mailing Address 14400 COVENANT WAY BRADENTON, FL 34202
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30003918



2. Principal Place of Business, No P.O. Box # 14400 COVENANT WAY Suite, Apt. #, etc.	3. Mailing Address 14400 COVENANT WAY Suite, Apt. #, etc.
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01172007 Chg-LLC CR2E083 (12/06)

City, State, Zip BRADENTON FL 34202	Country USA
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4. FEI Number 20-5359687	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIOFALO, ANTHONY 14400 COVENANT WAY BRADENTON, FL 34202	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when transferring)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LRCP 511 LLC 14400 COVENANT WAY BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 COVENANT WAY BRADENTON, FL 34202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCH VENTURES, LLC 14400 COVENANT WAY BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 COVENANT WAY BRADENTON, FL 34202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES LEAVER, LLC 14400 COVENANT WAY BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14400 COVENANT WAY BRADENTON, FL 34202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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	ANTHONY J. CHIOFALO	Date	2-1-07	Daytime Phone #	941-757-1626
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