

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050702

Entity Name: AHA CORE INVESTORS, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

719 LITTLE HAMPTON LANE
GOTHA, FL 34734 US

New Principal Place of Business:

Current Mailing Address:

719 LITTLE HAMPTON LANE
GOTHA, FL 34734 US

New Mailing Address:

FEI Number: 26-3339463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, JAMES J
3203 SOUTH CONWAY ROAD
SUITE 106
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

FLICK, JAMES J
3700 SOUTH CONWAY ROAD
SUITE 100
ORLANDO, FL 32812 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, JACQUELINE E
Address: 719 LITTLE HAMPTON LANE
City-St-Zip: GOTHA, FL 34734 US

Title: MGR () Delete
Name: ANDERSON, LLOY E
Address: 719 LITTLE HAMPTON LANE
City-St-Zip: GOTHA, FL 34734 US

Title: MGR () Delete
Name: AIKMAN, NOELLE M
Address: 719 LITTLE HAMPTON LANE
City-St-Zip: GOTHA, FL 34734 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: JAMES J. FLICK

MR.

04/28/2009

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