FILED
May 22, 2007 8:00 am
Secretary of State
04-23-2007 90362 034 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001879

1. Entity Name
AHC SOUTHLAND-LONGWOOD, LLC

Principal Place of Business	Mailing Address
~~6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214~~	~~6737 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
330 N. Wabash	330 N. Wabash
Suite, Apt. #, etc. #1400	Suite, Apt. #, etc. #1400
City & State CHICAGO, IL	City & State CHICAGO, IL
Zip 60611 Country	Zip 60611 Country

04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~APPLIED FOR~~ 20-4625999 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALTERRA HEALTHCARE CORPORATION 6736 W. WASHINGTON STREET, SUITE 2300 MILWAUKEE, WI 53214	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Mark J. Schulte 330 North Wabash, #1400 Chicago, IL 60611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR John P. Rijos 330 North Wabash, #1400 Chicago, IL 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Mark W. Ohlendorf 6737 West Washington, #2300 Milwaukee, WI 53214	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027	☐ 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: By: _____ John P. Rijos, Manager, 312/977-3700 04/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #