


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90071 032 ****50.00

DOCUMENT # L02000015616	
1. Entity Name PEOPLE'S CHOICE REALTY SERVICES LLC	

Principal Place of Business 8902 NORTH DALE MABRY #103 TAMPA FL 33614-1579	Mailing Address 8902 NORTH DALE MABRY #103 TAMPA FL 33614-1579
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0725601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent	
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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE OPERATING MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, MARY L		NAME C. B. Williams	
STREET ADDRESS 8902 N. DALE MABRY, #103		STREET ADDRESS 8902 N. DALE MABRY, #103	
CITY-ST-ZIP TAMPA FL 33614-1579		CITY-ST-ZIP TAMPA, FL 33614-1579	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE SEC / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, MARY L		NAME C. B. Williams	
STREET ADDRESS 8902 N. DALE MABRY, #103		STREET ADDRESS 8902 N. DALE MABRY # 103	
CITY-ST-ZIP TAMPA FL 33614-1579		CITY-ST-ZIP TAMPA FL 33614-1579	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C.B. Williams* 4/26/04 813-933-0677 x10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #