

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006754

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** RIGHT CHOICE FINANCIAL, LLC

**Current Principal Place of Business:**

1726 KINGLSEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1726 KINGSLEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 51-0495284      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIORDANO, FRANCES  
1726 KINGSLEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073 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: MGRM ( ) Delete  
Name: GIORDANO, FRANCES  
Address: 1726 KINGSLEY AVENUE, STE 9  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM ( ) Delete  
Name: GIORDANO, GERARD  
Address: 1726 KINGSLEY AVENUE, STE 9  
City-St-Zip: ORANGE PARK, FL 32073 US

**ADDITIONS/CHANGES:**

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 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: JACQUELYN RECTENWALD

MGR

01/19/2006

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