


4/29

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR 29 PM 1:46


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066413	
1. Entity Name THE BEST CHOICE FUND, LLC	

Principal Place of Business 2112 39TH ST. W BRADENTON, FL 34205 US	Mailing Address 2112 39TH ST. W BRADENTON, FL 34205 US
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2. Principal Place of Business 410 Cortez Road Suite, Apt. #, etc. Suite 412	3. Mailing Address 410 Cortez Road Suite, Apt. #, etc. Suite 412
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City & State Bradenton, FL	City & State Bradenton, FL
Zip 34207	Country USA



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1599951	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 HOYT, PETER 2112 39TH ST. W BRADENTON, FL 34205	
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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)

Filing Fee is \$50.00 Due by May 1, 2005	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 HOYT, PETER 2112 39TH ST. W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hoyt, Peter 410 Cortez Road, Suite 412 Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DECKER, SUNNY 2112 39TH ST. W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Decker, Sunny 410 Cortez Road, Suite 412 Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYCE, SCOTT L 5130 E. CHARLESTON BLVD., SUITE 5-303 LAS VEGAS, NV 89142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bryce, Scott L. 410 Cortez Road, Suite 412 Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Bryce Scott L. Bryce, Manager 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #