

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 07, 2008  
Secretary of State**

DOCUMENT# L06000091528

Entity Name: CHOICE VENTURES, LLC

**Current Principal Place of Business:**

1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 US

**New Mailing Address:**

FEI Number: 20-5666568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GILLMAN, H. LEO  
1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: GILLMAN, H. LEO  
Address: 1707 WEST REYNOLDS STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: GILLMAN, CAROLYN  
Address: 3305 N KEENE RD  
City-St-Zip: PLANT CITY, FL 33565 US

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: H. LEO GILLMAN

MGR

07/07/2008

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