

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90080 001 ****50.00
04-11-2006 90080 002 ****5.00

DOCUMENT # L05000003090																																															
1. Entity Name 1ST CHOICE CLEANING SUPPLIES, EQUIPMENT & REPAIR LLC																																															
Principal Place of Business 25 SORREL STREET - MIDDLEBURG, FL 32088			Mailing Address PO BOX 888 MIDDLEBURG, FL 32050																																												
2. Principal Place of Business 165 Industrial Loop S.		3. Mailing Address																																													
Suite, Apt. #, etc. ' Suite 4		Suite, Apt. #, etc.																																													
City & State Orange Park, FL		City & State																																													
Zip 32073	Country USA	Zip	Country																																												
4. FEI Number 54-2164898			Applied For Not Applicable																																												
5. Certificate of Status Desired			\$5.00 Additional Fee Required																																												
6. Name and Address of Current Registered Agent DAVIS, SHERILYN K 25 SORREL STREET- MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4012 Edgeland Trail City Middleburg																																												
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.			FL																																												
SIGNATURE <i>Sherilyn K. Davis</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE																																												
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;">MGR DAVIS, CHRISTOPHER D PO BOX 888 MIDDLEBURG, FL 32050</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;">MGR DAVIS, SHERILYN K PO BOX 888 MIDDLEBURG, FL 32050</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, CHRISTOPHER D PO BOX 888 MIDDLEBURG, FL 32050	<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	MGR DAVIS, SHERILYN K PO BOX 888 MIDDLEBURG, FL 32050	<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		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		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	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES																																												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, CHRISTOPHER D PO BOX 888 MIDDLEBURG, FL 32050	<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	MGR DAVIS, SHERILYN K PO BOX 888 MIDDLEBURG, FL 32050	<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																																											
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																																											
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 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: <i>Sherilyn K. Davis</i> Sherilyn K. Davis, Managing Member <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															