

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90001 043 ****50.00

DOCUMENT # L00000009045

1. Entity Name
CHOO INVESTMENTS, LLC



Principal Place of Business
4823 MILTON STREET
CAPE CORAL, FL 33904

Mailing Address
4823 MILTON STREET
CAPE CORAL, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1033771** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOO, HOM PING
4823 MILTON STREET
CAPE CORAL, FL 33904

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM Delete
NAME CHOO, HOM PING
STREET ADDRESS 618 SW EL DORADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM Delete
NAME CHOO, YOKE HUA
STREET ADDRESS 618 SW EL DORADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM Delete
NAME CHOO, CHE KIAM
STREET ADDRESS 23054 WORTH AVENUE
CITY-ST-ZIP PORT CHARLOTTW, FL 33954

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-25-03

Date

239 549 3666

Daytime Phone #

CR2E083 (10/02)