2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91829 001 ***100.00

DOCUMENT # L00000012137 1. Entity Name TEL CHOICE, LLC							03 03 20	03 91629 001	100	3.00
Principal Plac 2000 PALM I WEST PALM E	BEACH LAKES	BOULEVARD, 4TH FL	Mailing Address 2000 PALM BEACH LAKES BOULEVARD, 4TH FL. WEST PALM BEACH, FL 33409			FL.	55037954			
2. Principal F 3801 Suite, Apt. 806	PGA BL		3. Mailing Address 3801 PGA BLVD., #806 Suite, Apt. #, etc. 806 City & State			× × × × × × × × × × × × × × × × × × ×	CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For			
PALM	BEACH (GARDENS FL Country	PALM BEACH GARDENS				65-1045983 5. Certificate of Status Desired	□ \$5.00	Not Applicable	
33410 USA 6. Name and Address of Current		33410	USA			7. Name and Address of New F	Fee He	equired		
EISENBERG, TODD L 2000 PALM BEACH LAKES BOULEVARD, 4TH FL WEST PALM BEACH, FL 33409					Street Ac	dress (F 801	V. DE SANCTIS, C O. Box Number is Not Acceptable PGA BLVD., SUITE	PA *806	36476	
the obligate	named entitions of regist	ered agent Au	v al	0	d office or	registere	BEACH GARDENS and agent, or both, in the State of Fig.			l accept
60 60 50 50 50		MANAGING MEMBE	Make Check Payabi Due	e to Flor By May	BE IS \$5 IIda Dep 1, 2009	artmen		CHANCES		
9. 1ITLE NAME STREET ADDRESS COLY-ST-ZIP	2000 PAL	RG, TODD M BEACH LAKES BLV LM BEACH, FL 33409	☐ Delete	10. TITLE NAME STREET CITY-S	ADDRESS	3801	NBERG, TODD PGA BLVD., SUITE BEACH GARDENS, E		ange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 PALI	RG, JASON M BEACH LAKES BLV LM BEACH, FL 33409	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	3801	NBERG, JASON PGA BLVD., SUITE BEACH GARDENS, I		ange [Addition
NAMESTREET ADDRESS CITY-ST-ZIP	_		☐ Delete	MITTLE NAME STHEET CITY-S	ADDRESS st-21p			Ch	ange [] Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		-	☐ Delete	TITLE NAME STREET 'CITY'-S	ADDRESS ST-ZIP			□ Ch	ange [Addition
TITUE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDHESS 11-21P			Ch	ange [Addition
TITLE NAME STREET ADDRESS CRY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 17-21P	-		° Ch	ange · [Addition
indicated	I on this repor	t is true and accurate and	this filing does not qualify for that my signature shall have to rempowered to execute this r	he same k	legal effec	tasif ma	tion 119.07(3)(i), Florida Statutes, ade under oath; that I am a manager 608, Florida Statutes.	ging member or ma	inager of	the