

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90118 029 ****55.00

DOCUMENT # L00000015345

1. Entity Name
CHOICE PROPERTIES, L.C.



Principal Place of Business

Mailing Address

**3270 OLEANDER WAY
POMPANO BEACH FL 33062**

**3270 OLEANDER WAY
POMPANO BEACH FL 33062**

(NEW ANNEXATION ADDRESS)

20009522



2. Principal Place of Business

3. Mailing Address

3270 OLEANDER WAY

3270 OLEANDER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAUDERDALE BY THE SEA

LAUDERDALE BY THE SEA

City & State

City & State

FL

FL

Zip
33062

Country
BROWARD

Zip
33062

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1061131**

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

**GAGLIANO, WILLIAM A
3270 OLEANDER WAY
POMPANO BEACH FL 33062**

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

010503

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

NEW ANNEXATION ADDRESS

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAGLIANO, WILLIAM A
3270 OLEANDER WAY
POMPANO BEACH FL 33062**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3270 OLEANDER WAY
LAUDERDALE BY THE SEA FL 33062**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DIBELLA, PHILLIP F
39 SPRING VALLEY ROAD
PARK RIDGE NJ 07656**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

010503

CR2E083 (10/02)