

**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

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CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1061131**

Applied For
Not Applicable

Zip **33062**

Country **BROWARD**

Zip **33062**

Country **BROWARD**

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

FILE NOW!!! FEE IS \$50.00

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

010503

NEW ANNEXATION ADDRESS

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GAGLIANO, WILLIAM A	
STREET ADDRESS	3270 OLEANDER WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIBELLA, PHILLIP F	
STREET ADDRESS	39 SPRING VALLEY ROAD	
CITY-ST-ZIP	PARK RIDGE NJ 07656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3270 OLEANDER WAY	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

010503

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

Date

Daytime Phone #

CR2E083 (10/02)