2 UNIFORM BUSINESS REPORT (UBR)

[MENT # L01000017021 N)

AMERICAN CHOICE INSURANCE & INVESTMENTS, L.L.C. NOW KNOWN AS AMERICA'S CHOICE INSURANCE & INVESTMENTS,

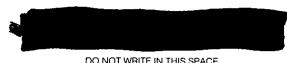
Principal Place of Business	
1175 SOUTH U.S. HWY 1 VERO BEACH FL 32962	

Mailing Address

1175 SOUTH U.S. HWY 1 VERO BEACH FL 32962

FILED Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90085 025 ****50.00

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2. Principal Place of Business 3. N		3. Mailing Addre	. Mailing Address							
Suite, Apt. #, etc. Si		Suite, Apt. #,	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State Ci		City & State	City & State		4. FEI Number 59–3749956				Applied For Not Applicable	
Zip	Country	Zip	Coun	Country		ate of Status Desired		\$5.00 Ac	\$5.00 Additional Fee Required	
6.	Name and Address of Curr	ent Registered Agent]	7. Name and Address of New Registered Agent					7
BLODIG, GREGORY ESQ. 100 WEST CYPRESS CREEK ROAD				Name Street Address		nber is Not Acceptable)				-
Suite 70 Ft. Laud	بالرياض المواصف الماء الماء	C		<u></u>	·	FL	Zip Coo	de	-	
8. The above name	d entity submits this statemen	nt for the purpose of cha	anging its registere	ed office or registe	ered agent, or	both, in the State of Flori	da.			1
SIGNATURESignatur	re, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)		DATE			
		B.	FILE NOW!!! I heck Payable to Due By Ma	o Department						
9.	MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/C	HANGES	3		1
STREET ADDRESS 117	ir NKE, Walter H 75 South U.S. Hwy 1 Ro Beach Fl 32962	□ De	NAM! STRE	ſ				☐ Change	Addition	DE083 (9/04)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAME STREE	į.			•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	nat the information supplied v	De	NAME Stree City-	T ADDRESS ST-ZIP		N/\ Fi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		☐ Change	☐ Addition	

Thereby certify that the information supplied with this iming does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Florida carrier 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 that that it am a managing member or manager of the filmited 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 #