

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000017021

FILED
Oct 10, 2005
Secretary of State**Entity Name:** AMERICA'S CHOICE INSURANCE & INVESTMENTS, L.L.C.**Current Principal Place of Business:**1175 SOUTH U.S. HWY 1
VERO BEACH, FL 32962 US**New Principal Place of Business:****Current Mailing Address:**1175 SOUTH U.S. HWY 1
VERO BEACH, FL 32962 US**New Mailing Address:****FEI Number:** 59-3749956**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLODIG, GREGORY ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: JANKE, WALTER H
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962**Title:** CEO () Delete
Name: JANKE, WALTER H
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962**Title:** COO () Delete
Name: JANKE, LALITA
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** COO (X) Change () Addition
Name: TUTEN, RICHARD
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962**Title:** VP () Change (X) Addition
Name: SCHNELL, STAN
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962**Title:** S/T () Change (X) Addition
Name: JANKE, LOLITA
Address: 1175 SOUTH U.S. HWY 1
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WALTER H. JANKE

MGR

10/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date