

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DeP04

0052616

DOCUMENT # L01000017021

1. Entity Name
AMERICA'S CHOICE INSURANCE & INVESTMENTS, L.L.C.



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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

Mailing Address
1175 SOUTH U.S. HWY 1
VERO BEACH FL 32962
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3749956**

Applied For
 Not Applicable

Zip Country

Zip Country

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

BLODIG, GREGORY ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE FL 33309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **JANKE, WALTER H**
STREET ADDRESS **1175 SOUTH U.S. HWY 1**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **CEO** Change Addition

TITLE Delete

TITLE **COO** Change Addition
NAME **JANKE, LALITA**
STREET ADDRESS **1175 SOUTH U.S. HWY 1**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE Delete

TITLE Change Addition
NAME **600017842536**
STREET ADDRESS **05/01/03--01031--005** ****50.00**
CITY-ST-ZIP

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)