


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90073 006 ****50.00

| | |
|---|---|
| DOCUMENT # L02000011920 |  |
| 1. Entity Name CHOZICK REALTY OF FLORIDA, LLC | |

| | |
|--|--|
| Principal Place of Business 100 LINTON BLVD STE 101B DELRAY BEACH FL 33483 | Mailing Address 100 LINTON BLVD STE 101B DELRAY BEACH FL 33483 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 15200 JOG ROAD | 3. Mailing Address 15200 JOG ROAD |
| Suite, Apt. #, etc. 203 | Suite, Apt. #, etc. 203 |

2nd MOORE CR2E083 (4/06)

| | |
|---|-------------------------------------|
| City & State DELRAY BEACH, FL | City & State DELRAY BEACH |
| Zip 33446 | Country USA |

| | |
|---|---|
| 4. FEI Number 35-2169612 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent DAVID R. CHOZICK 100 LINTON BLVD STE 101B DELRAY BEACH FL 33483 | |
|---|--|

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name DAVID R. CHOZICK | |
| Street Address (P.O. Box Number is Not Acceptable) 15200 JOG ROAD | |
| SUITE 203 | |
| City DELRAY BEACH | FL Zip Code 33446 |

| | |
|---|------------------------|
| 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 DAVID R. CHOZICK, MGRM | DATE 7-24-06 |

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

| 9. MANAGING MEMBERS / MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CHOZICK, DAVID R 100 LINTON BLVD, STE 101B DELRAY BEACH FL 33483 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CHOZICK, DAVID R. 15200 JOG ROAD, STE 203 DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DAVID R. CHOZICK, MGRM | DATE 7-24-06 | DAYTIME PHONE # 561-381-7505 |
|---|------------------------|--|