

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90134 041 ****50.00

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| DOCUMENT # L02000015960 | | | | | |
| 1. Entity Name FIRST CHOICE MANAGEMENT, L.L.C. | | | | | |
| Principal Place of Business C/O RICHARD J. ALAN CAHAN, ESQ. 5201 BLUE LAGOON DRIVE, STE 100 MIAMI, FL 33126 | | | Mailing Address C/O RICHARD J. ALAN CAHAN, ESQ. 5201 BLUE LAGOON DRIVE, STE 100 MIAMI, FL 33126 | | |
| 2. Principal Place of Business 121 Alhambra Plaza Suite, Apt. #, etc. 10th Floor City & State Coral Gables, FL Zip 33134 Country USA | | 3. Mailing Address 121 Alhambra Plaza Suite, Apt. #, etc. 10th Floor City & State Coral Gables, FL Zip 33134 Country USA | | | |
| 4. FEI Number 01222005 Chg-LLC CR2E083 (10/03) 30-0084436 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CAHAN, RICHARD J ESQ 5201 BLUE LAGOON DRIVE, STE 100 MIAMI, FL 33126 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza 10th Floor City Coral Gables FL Zip Code 33134 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAMMARATA, KEVIN 10119 KEY BISCAYNE GRANADA HILLS, GA 91344 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9035 Eaton Avenue, Suite A Canoga Park, CA 91304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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 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: | | | 3/15/05 818-778-9963 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |