


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000018797 1. Entity Name CHOICE PICKS, LLC |  |
|---|---|

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|---|---|
| Principal Place of Business 4029 TAMPA ROAD OLDSMAR, FL 34677 | Mailing Address 4029 TAMPA ROAD OLDSMAR, FL 34677 |
|---|---|

DO NOT WRITE IN THIS SPACE



03012004 No Chg-LLC CR2E083 (10/03)

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|---|--|
| 4. FEI Number 32-0025478 | 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

HILTON, V.D.
4029 TAMPA ROAD
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HEINEMAN, RICHARD H JR 4029 TAMPA ROAD OLDSMAR, FL 34677 |
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UD00000122671
04/21/04-80038-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone # _____