

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

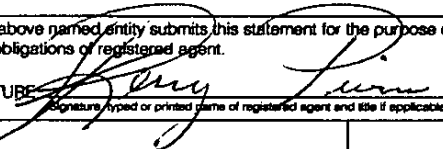
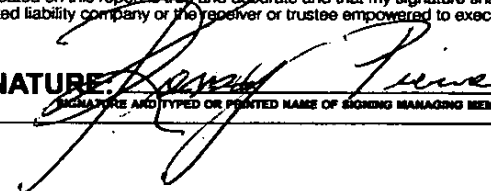
APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000010586			
1. Entity Name RIGHT CHOICE HOUSING, L.L.C.			
Principal Place of Business 633 NE 167 ST SUITE 523 MIAMI, FL 33162 US		Mailing Address 633 NE 167 ST SUITE 523 MIAMI, FL 33162 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For Not Applicable	
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	
SALAZAR, GERMAN A 7700 NORTH KENDALL DRIVE MIAMI, FL 33156		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 1/30/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIERCE, KERRY 1941 NE 197 TERR MIAMI, FL 33179 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIERCE KERRY ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BATESNG, MAURICE 515 NE 82 ST MIAMI, FL 33138 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BATES MAURICE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BATES, LINDA 815 NE 82 ST MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600066127376 02/17/06--01014--006 **111.22 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 		DATE 1/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

K. Eckel FEB 09 2006