

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000016103**

1. Entity Name  
**CHOI FAMILY PRACTICE ASSOCIATE LLC**



Principal Place of Business  
**624 E. COLONIAL DRIVE  
ORLANDO, FL 32803**

Mailing Address  
**1574 CHERRY LAKE WAY, SEAN CHOI  
HEATHROW, FL 32746**



04072005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
**01-0780769**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHOI, SEAN  
1574 CHERRY LAKE WAY  
HEATHROW, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry 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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000326206  
04/23/05-80048-011 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                      |
|----------------|----------------------|
| TITLE          | MGRM                 |
| NAME           | CHOI, SEAN           |
| STREET ADDRESS | 1574 CHERRY LAKE WAY |
| CITY-ST-ZIP    | HEATHROW, FL 32746   |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE  
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

4/20/05

407 841 6490

Date

Daytime Phone #