FILED
May 15, 2006 8:00 am
Secretary of State
05-15-2006 90239 022 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016103

1. Entity Name
CHOI FAMILY PRACTICE ASSOCIATE LLC

Principal Place of Business
~~624 E. COLONIAL DRIVE~~ 1900 N. Mills Ave Suite 101
ORLANDO, FL 32803

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

40092228

04252006 No Chg-LLC CR2E083 (1105)

DO NOT WRITE IN THIS SPACE

4. FEI 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

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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 _____ 5/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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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: _____ 5/9/06 (407) 895-9318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #