

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011380

Entity Name: CHOICE HOLDINGS, LLC

FILED  
May 10, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O GLEN MILLER  
PO BOX 21745  
FORT LAUDERDALE, FL 33335

**New Principal Place of Business:**

13 PELICAN ISLE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

C/O GLEN MILLER  
PO BOX 21745  
FORT LAUDERDALE, FL 33335

**New Mailing Address:**

FEI Number: 20-3986567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BSPA CORPORATE SERVICES, INC.  
350 E LAS OLAS BLVD, STE 1000  
FORT LAUDERDALE, FL 33301      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.      ( ) Delete  
Name: MILLER, GLEN M  
Address: 347 NORTH NEW RIVER DRIVE EAST, UNIT 3103  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MR.      (X) Change ( ) Addition  
Name: MILLER, GLEN M  
Address: PO BOX 21745  
City-St-Zip: FORT LAUDERDALE, FL 33335

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLEN M. MILLER

MR.

05/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date