2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000011488

1. Entity Name
GOLDEN CHOICE REALTY, LLC



FILED Mar 16, 2007 08:00 A Secretary of State

Principal Place of Business

2442 SANDLAKE ROAD ORLANDO, FL 32809 Mailing Address

2442 SANDLAKE ROAD ORLANDO, FL 32809



02212007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number		Applied For		
20-0715611		Not Applicable		
5 Cartificate of Status Desired	П	\$5.00 Additional		

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its register	ad office or registered	d agent, or both, in the State	e of Florida. I am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registere	d Agent signature required wh	nen reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007				· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBERS/MANAGERS		T. There's	10151 (310)	LINE SECTION CONTRACTOR	
TITLE	MGR		13 3 4 3			
NAME	PALANCA, CARMEN		5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
STREET ADDRESS	2442 SANDLAKE ROAD					
CITY-ST-ZIP	ORLANDO, FL 32809					
TITLE	MGR					
NAME	SANCHEZ, EFRAIN					
STREET ADDRESS	2442 SANDLAKE ROAD				100669227	
CITY-ST-ZIP	ORLANDO, FL 32809			\$ 03/27/1)00669227)7-80058-023-5	0.00
TITLE	**************************************					
NAME			A March Control			
STREET ADDRESS						

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11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

2/2/2007

407-472-025

Daytime Phone #