

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023879

FILED
Feb 12, 2005
Secretary of State

Entity Name: BEST CHOICE MORTGAGES LLC

Current Principal Place of Business:

321 INDIANA AVE
ST. CLOUD, FL 34769

New Principal Place of Business:

4205 FLOATING ORCHID CT.
ST. CLOUD, FL 34772

Current Mailing Address:

321 INDIANA AVE
ST. CLOUD, FL 34769

New Mailing Address:

4205 FLOATING ORCHID CT
ST. CLOUD, FL 34772

FEI Number: 20-0131025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DALFONZO, RANDI M
321 INDIANA AVE
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

DALFONZO, RANDI M
4205 FLOATING ORCHID CT
ST. CLOUD, FL 34772 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: RANDI M. DALFONZO

02/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DALFONZO, JAMES A
Address: 321 INDIANA AVE
City-St-Zip: ST. CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DALFONZO, JAMES A
Address: 35 ERICKSON AVE
City-St-Zip: MONROE, NJ 08831

Title: MGRM () Change (X) Addition
Name: DAVIS, RANDI
Address: 4205 FLOATING ORCHID CT
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES A. DALFONZO

MGR

02/12/2005

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