

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90126 035 ****50.00

DOCUMENT # L04000071864 1. Entity Name CHOICE PROPERTIES RECOVERY GROUP, LLC			
Principal Place of Business 37 N. ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801		Mailing Address 37 N. ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801	
2. Principal Place of Business 6305 WESTWOOD BLVD Suite, Apt. #, etc. 2ND FLOOR City & State ORLANDO FL Zip 32821 Country ORANGE		3. Mailing Address 6305 WESTWOOD BLVD Suite, Apt. #, etc. 2ND FLOOR City & State ORLANDO FL Zip 32821 Country ORANGE	
4. FEI Number 01-0833912		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, KELLY M 37 N. ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name WEBER, KELLY M Street Address (P.O. Box Number is Not Acceptable) 1631 THOROUGHbred DR City GOTHA FL Zip Code 34734	
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 <small>Signature, type of personhood of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, KELLY M 1631 THOROUGHbred DRIVE GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, VARSHA 9931 KILGORE RD ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:		4-25-2005 407-445-9644 <small>Date Daytime Phone #</small>	