

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000071864

**FILED**  
**Dec 10, 2009**  
**Secretary of State****Entity Name:** CHOICE PROPERTIES RECOVERY GROUP, LLC**Current Principal Place of Business:**6996 PIAZZA GRANDE AVENUE  
SUITE 305  
ORLANDO, FL 32835**New Principal Place of Business:****Current Mailing Address:**6996 PIAZZA GRANDE AVENUE  
SUITE 305  
ORLANDO, FL 32835**New Mailing Address:****FEI Number:** 01-0833912**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MUNDI CONSULTING, INC  
6996 PIAZZA GRANDE AVENUE  
SUITE 305  
ORLANDO, FL 32835 US**Name and Address of New Registered Agent:**

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: MGRD ( ) Delete  
Name: CUNHA, CESAR D  
Address: 6996 PIAZZA GRANDE AVENUE, SUITE 305  
City-St-Zip: ORLANDO, FL 32835

Title: MGRD (X) Delete  
Name: WHITEMAN, BRAD R  
Address: 84 SUGAR LOAF RD  
City-St-Zip: GUILFORD, CT 06437

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CESAR CUNHA

MGRD

12/10/2009

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