## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000079709

Entity Name: FAMILY CHOICE INVESTMENTS, L.L.C.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20899 NW 17TH STREET P. PINES, FL 33029

Current Mailing Address: New Mailing Address:

20899 NW 17TH STREET P. PINES, FL 33029

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CABRERA, WILLIAM P
20899 NW 17TH STREET
P. PINES, FL 33029 US
CABRERA, WILLIAM P
20899 NW 17TH STREET
P. PINES, FL 33029 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: MR. WILLIAM CABRERA 04/21/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: VP (X) Change ( ) Addition Name: CABRERA, ANNA V Name: CABRERA, ANNA V

 Address:
 20899 NW 17TH STREET
 Address:
 20899 NW 17TH STREET

 City-St-Zip:
 P. PINES, FL 33029
 City-St-Zip:
 P. PINES, FL 33029

Title: MGR ( ) Delete Title: P (X) Change ( ) Addition Name: CABRERA, WILLIAM Name: CABRERA, WILLIAM

 Address:
 20899 NW 17TH STREET
 Address:
 20899 NW 17TH STREET

 City-St-Zip:
 P. PINES, FL 33029
 City-St-Zip:
 P. PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CABRERA P 04/21/2006