

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90160 012 \*\*\*\*55.00

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<b>DOCUMENT # L04000081121</b> 1. Entity Name <b>FIRST CHOICE RESIDENTIAL SERVICES, L.L.C.</b>					
Principal Place of Business <b>9421 OCTAVIA LN NAVARRE, FL 32566</b>			Mailing Address <b>9421 OCTAVIA LN NAVARRE, FL 32566</b>		
2. Principal Place of Business <b>1982 ALAMANDA CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1982 ALAMANDA CT</b> Suite, Apt. #, etc.		05242005    Chg-LLC    CR2E083 (10/03)	
City & State <b>NAVARRE, FL</b>		City & State <b>NAVARRE, FL</b>		4. FEI Number <b>20-1854377</b>	
Zip <b>32566</b>		Country <b>SANTAROSA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRAZELTON, RANDALL 9421 OCTAVIA LN NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Randall Brazelton</i></u> DATE <u>JUNE 9, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRAZELTON, RANDALL 9421 OCTAVIA LN NAVARRE, FL 32566 <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	MGRM BRAZELTON, DANETTE 9421 OCTAVIA LN NAVARRE, FL 32566 <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
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
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.					
<b>SIGNATURE:</b> <u><i>Randall Brazelton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>JUNE 9, 2005</u> <small>Date    Daytime Phone #</small>	