

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032628

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** CHOICE BEHAVIOR SERVICES LLC

**Current Principal Place of Business:**

10818 NW 38 AVE.  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

1951 N.W. 39TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

10818 NW 38 AVE.  
GAINESVILLE, FL 32606

**New Mailing Address:**

1951 N.W. 39TH PLACE  
GAINESVILLE, FL 32605

FEI Number: 20-2574062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, DONNA  
10818 NW 38 AVE.  
GAINESVILLE, FL 32606 US

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

FOSTER, DONNA  
2220 N.W. 55TH BLVD. #16  
GAINESVILLE, FL 32653 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: \_\_\_\_\_

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FOSTER, DONNA  
Address: 10818 NW 38 AVE.  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FOSTER, DONNA  
Address: 2220 N.W. 55TH BLVD. #16  
City-St-Zip: GAINESVILLE, FL 32653

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: DONNA FOSTER

MGR

01/09/2007

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