

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 034 ****50.00

DOCUMENT # L05000062069 1. Entity Name FLORIDA'S CHOICE, LLC.					
Principal Place of Business 4212 S MCCALL RD STE A ENGLEWOOD, FL 34224			Mailing Address 4212 S MCCALL RD STE A ENGLEWOOD, FL 34224		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-3034721			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 THORNTON, JAMIE L 4212 S. MCCALL RD STE A ENGLEWOOD, FL 34224				7. Name and Address of New Registered Agent Name Clinton L. Thornton Street Address (P.O. Box Number is Not Acceptable) 4212 S. McCall Road Ste A City Englewood FL Zip Code 34224	
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>Clinton L. Thornton</i></u> Clinton L. Thornton Jan 25, 2006 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORNTON, CLINTON L 4212 S. MCCALL RD - STE A ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Thornton, Clinton L. 4212 S. McCall Rd. - Ste A. Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORNTON, JAMIE L 4212 S. MCCALL RD - STE A ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ferguson, Jamie L. 4212 S. McCall Rd. - Ste A Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THORNTON, JAMIE L 4212 S. MCCALL RD - STE A ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ferguson, Jamie L. 4212 S. McCall Rd. - Ste A Englewood, FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Clinton L. Thornton</i></u> Clinton L. Thornton Jan 25, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

941-474-8431