


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90175 039 ****50.00

DOCUMENT # L05000062135 1. Entity Name CHOO REAL PROPERTY, LLC			
Principal Place of Business 618 EL DORADO PARKWAY CAPE CORAL, FL 33914		Mailing Address 618 EL DORADO PARKWAY CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 318 Washington Ave		3. Mailing Address 318 Washington Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lehigh Acres FL		City & State Lehigh Acres FL	
Zip 33972		Zip 33972	
Country 		Country 	
4. FEI Number NOT APPLICABLE		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 MORGAN, JOHN M 8911 DANIELS PARKWAY SUITE 6 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Choo, Hom Ping Street Address (P.O. Box Number is Not Acceptable) 318 Washington Ave City Lehigh Acres FL Zip Code 33972	
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 <i>[Signature]</i> Choo Hom Ping DATE 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOO, HOM PING 618 EL DORADO PARKWAY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Choo, Hom Ping 318 Washington Ave Lehigh Acres, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOO, YUKE HUA SIM 618 EL DORADO PARKWAY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Choo, Yoke Hua Sim 318 Washington Ave Lehigh Acres FL 33972 <input checked="" 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 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 <i>[Signature]</i> CHOO YUKE HUA SIM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-27-07 Daytime Phone # 239 388 2222	