2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000062135

Entity Name: CHOO REAL PROPERTY, LLC

Current Principal Place of Business:

318 WASHINGTON AVE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

318 WASHINGTON AVE
LEHIGH ACRES, FL 33936

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHOO, ANGELINE K
618 EL DORADO PARKWAY WEST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CHOO, ANGELINE K MS.
618 EL DORADO PARKWAY WEST
CAPE CORAL, FL 33914 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: ANGELINE K. CHOO 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHOO, HOM PING
Address: 318 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete
Name: CHOO, YOKE HUA SIM
Address: 318 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHOO, HOM P MR
Address: 318 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Change ( ) Addition
Name: SIM-CHOO, YOKE H MRS
Address: 318 WASHINGTON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify 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: HOM PING CHOO MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date