

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90102 026 ****55.00

DOCUMENT # L05000076703	
1. Entity Name CHOICE REALTY COMPANY, LLC	

Principal Place of Business 5041 NE 24TH AVE LIGHTHOUSE POINT, FL 33064 US	Mailing Address 5041 NE 24TH AVE LIGHTHOUSE POINT, FL 33064 US
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2. Principal Place of Business 616 SE 10th ST	3. Mailing Address 616 SE 10th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DREDFIELD BEACH, FL	City & State DREDFIELD BEACH, FL
Zip 33441	Zip 33441
Country USA	Country USA

06302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 113756179	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VINCENT J. PIAZZA, P.A. 9033 GLADES ROAD D BOCA RATON, FL 33434	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, RONALD D 5041 NE 24TH AVE LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

July 6/2006 854-600 3988
Date Daytime Phone #