


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90033 025 ****50.00

DOCUMENT # L05000083304	
1. Entity Name FIRST CHOICE TITLE SERVICES, L.L.C.	

Principal Place of Business 2804 DEL PRADO BOULEVARD, SUITE 109 CAPE CORAL, FL 33904	Mailing Address 2804 DEL PRADO BOULEVARD, SUITE 109 CAPE CORAL, FL 33904
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20044706

2. Principal Place of Business 4002 DEL PRADO BLVD S.	3. Mailing Address 4002 DEL PRADO BLVD S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04052006 Chg-LLC CR2E083 (11/05)

City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904	Country USA
Zip 33904	Country USA

4. FEI Number 20-3353270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST, SUITE C CAPE CORAL, FL 33904	
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 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	MGRM MOODY, WILLIAM SCOTT 2804 DEL PRADO BOULEVARD, SUITE 109 CAPE CORAL, FL 33904 <input checked="" 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	MGRM LEE, ROBERT A JR 2804 DEL PRADO BOULEVARD, SUITE 109 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4002 DEL PRADO BLVD S. CAPE CORAL, FL 33904 <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
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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

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

Date

Daytime Phone #