

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088666

FILED
May 05, 2006
Secretary of State

Entity Name: FINAL CHOICE DISASTER RECOVERY LLC

Current Principal Place of Business:

6325 21ST ST. SW
VERO BEACH, FL 32968 IR

New Principal Place of Business:

Current Mailing Address:

6325 21ST ST. SW
VERO BEACH, FL 32968 IR

New Mailing Address:

FEI Number: 20-3455567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAILES, PAULA J
6325 21ST ST SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAILES, PAULA J
Address: 6325 21ST ST SW
City-St-Zip: VERO BEACH, FL 32968 IR

Title: MGRM () Delete
Name: BAILES, EMORY J II
Address: 6325 21ST ST. SW
City-St-Zip: VERO BEACH, FL 32968 IR

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA J. BAILES

MGR

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date