

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

07-28-2006 90073 025 *****50.00

DOCUMENT # L05000090191 1. Entity Name CHOICE REALTY INVESTMENTS, LLC					
Principal Place of Business 1638 RUTLEDGE ROAD LONGWOOD, FL 32779-2715 US			Mailing Address 1638 RUTLEDGE ROAD LONGWOOD, FL 32779-2715 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3458522	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARDIN, KEITH M 1638 RUTLEDGE ROAD LONGWOOD, FL 32779-2715				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	CARDIN, KEITH M <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1638 RUTLEDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD, FL 327792715		CITY - ST - ZIP		
TITLE	MGRM		TITLE		
NAME	CARDIN, KELLY D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1638 RUTLEDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD, FL 327792715		CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Kelly D Cardin</u> Kelly D Cardin 7-24-06 321-228-2114 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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