

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000088051

**FILED**  
**Aug 18, 2009**  
**Secretary of State****Entity Name:** CHOCTAW VENTURES LLC**Current Principal Place of Business:**660 NW 116TH STREET  
MIAMI, FL 33168 US**New Principal Place of Business:**15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 US**Current Mailing Address:**660 NW 116TH STREET  
MIAMI, FL 33168 US**New Mailing Address:**15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 US**FEI Number:** 27-0753136**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LOCKE, N JR.  
660 NW 116TH STREET  
MIAMI, FL 33168 US**Name and Address of New Registered Agent:**NCAS LLC  
15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 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: NCAS LLC N. LOCKE

08/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** LOCKE, N JR.  
**Address:** 660 NW 116TH STREET  
**City-St-Zip:** MIAMI, FL 33168 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** LOCKE, N JR.  
**Address:** 15921 SW 14TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US

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: NELSON LOCKE

MMGR

08/18/2009

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