2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L06000089602

Entity Name: EASY CHOICE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

419 TERRACE RIDGE, TERRACE RIDGE CIRCLE
DAVNPORT, FL 33896 US

New Principal Place of Business:

Current Mailing Address:

C/O MARCELL FELIPE 1401 BRICKELL AVE
500
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 98-0508089 **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:

CORNELL, DAVID G
1401 BRICKELL AVE
500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FELIPE, MARCELL G
1401 BRICKELL AVE
500
MIAMI, FL 33131 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: FELIPE, MARCELL 05/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOPPING, JOHN
Address: 419 TERRACE RIDGE, TERRACE RIDGE CIRCLE
City-St-Zip: DAVNPORT, FL 33896 US

Title: MGRM ( ) Delete
Name: TOPPING, ANITA
Address: 419 TERRACE RIDGE, TERRACE RIDGE CIRCLE
City-St-Zip: DAVNPORT, FL 33896 US

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 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: TOPPING,JOHN MGRM 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date