

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000089602

1. Entity Name
EASY CHOICE PROPERTY MANAGEMENT, LLC



Principal Place of Business

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

Mailing Address

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



04242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0508089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELIPE, MARCELL G
1401 BRICKELL AVE
500
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOPPING, JOHN
STREET ADDRESS	419 TERRACE RIDGE, TERRACE RIDGE CIRCLE
CITY-ST-ZIP	DAVNPORT, FL 33896

TITLE	MGRM
NAME	TOPPING, ANITA
STREET ADDRESS	419 TERRACE RIDGE, TERRACE RIDGE CIRCLE
CITY-ST-ZIP	DAVNPORT, FL 33896

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/29/08-80086-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Robert Stoh

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

4/25/08

Date

863-614-1019

Daytime Phone