

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109886

FILED
Mar 02, 2009
Secretary of State

Entity Name: FIRST CHOICE ADVISORS GROUP, LLC

Current Principal Place of Business:

810 TALLOW TREE COURT
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

810 TALLOW TREE COURT
NAPLES, FL 34108

New Mailing Address:

FEI Number: 42-1743589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIALONE, JEAN MARIE
5084 POST OAK LANE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

FEINS, AMY
810 TALLOW TREE COURT
NAPLES, FL 34108 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: AMY FEINS

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FEINS, AMY
Address: 810 TALLOW TREE COURT
City-St-Zip: NAPLES, FL 34108

Title: MGR (X) Delete
Name: CIALONE, JEAN MARIE
Address: 810 TALLOW TREE COURT
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: CIALONE, JEAN MARIE
Address: 810 TALLOW TREE COURT
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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

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

Title: S (X) Change () Addition
Name: FEINS, AMY
Address: 810 TALLOW TREE COURT
City-St-Zip: NAPLES, FL 34108

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: AMY FEINS

MGR

03/02/2009

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