

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114528

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** CHOICE MITIGATION ASSOCIATES, LLC

**Current Principal Place of Business:**

2430 VANDERBILT BEACH ROAD  
108-262  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2430 VANDERBILT BEACH ROAD  
108-262  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMCZYK, MARK E  
5801 PELICAN BAY BOULEVARD  
103  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: FORECLOSURE MITIGATI, ON SERVICES, L L C.  
Address: 2430 VANDERBILT BEACH ROAD SUITE 108-262  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: 1ST BUSINESS SERVICE, S, LLC  
Address: 2430 VANDERBILT BEACH ROAD SUITE 108-262  
City-St-Zip: NAPLES, FL 34109

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: ROBERT K. BENTON

MGRM

04/30/2008

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