2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# L98000001588

Entity Name: FLORIDA CHOICE INVESTORS, L.C.

Current Principal Place of Business:

18055 US HWY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18055 US HWY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3526730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROY, STEVEN M ESQ.
1000 W. MAIN STREET
LEESBURG, FL 34748 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LAROE, KENNETH E	
Address:	212 VINCENT DR.	
City-St-Zip:	MT. DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	BARTCH, DALE E	
Address:	11266 LANE PARK ROAD	
City-St-Zip:	TAVARES, FL 32778	
Title:	MGRM	( ) Delete
Name:	BAUMANN, JEFFREY D MD	
Address:	1648 BRIDGEWATER DRIVE	
City-St-Zip:	HEATHROW, FL 32746	
Title:	MGRM	( ) Delete
Name:	DESAI, PARESH G MD	
Address:	507 NW 9TH AVE.	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	MGRM	( ) Delete
Name:	HOFMEISTER, TOM J	
Address:	9055 COUNTRY CLUB ROAD	
City-St-Zip:	EUSTIS, FL 34428	
Title:	MGRM	( ) Delete
Name:	LAROE, C. MICHAEL	
Address:	33940 LEE AVENUE	
City-St-Zip:	LEESBURG, FL 34788	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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: MELISSA ATKINS AVP 04/09/2005

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