

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90032 019 ****50.00

DOCUMENT # L98000001588

1. Entity Name

FLORIDA CHOICE INVESTORS, L.C.



Principal Place of Business

**18055 US HWY 441
MOUNT DORA FL 32757**

Mailing Address

**18055 US HWY 441
MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3526730**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROY, STEVEN M ESQ.
1000 W. MAIN STREET
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	LAROE, KENNETH E	212 VINCENT DR.	MT. DORA FL 32757	<input type="checkbox"/>
MGRM	BARTCH, DALE E	11266 LANE PARK ROAD	TAVARES FL 32778	<input type="checkbox"/>
MGRM	BAUMANN, JEFFREY D MD	1648 BRIDGEWATER DRIVE	HEATHROW FL 32746	<input type="checkbox"/>
MGRM	DESAI, PARESH G MD	507 NW 9TH AVE.	CRYSTAL RIVER FL 34428	<input type="checkbox"/>
MGRM	HOFMEISTER, TOM J	9055 COUNTRY CLUB ROAD	EUSTIS FL 34428	<input type="checkbox"/>
MGRM	LAROE, C. MICHAEL	33940 LEE AVENUE	LEESBURG FL 34788	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIG/REQUIRED

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

2/26/03

Date

Daytime Phone #

CR2E083 (10/02)