


# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> L99000002571				<div>FILED</div> <div>SEP 13 PM 12:17</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div>DO NOT WRITE IN THIS SPACE</div>	
<b>1. Entity Name</b> CHOICE WORKS, LLC					
<b>Principal Place of Business</b> 1417 N. SEMORAN BLVD., SUITE 201 ORLANDO FL 32807		<b>Mailing Address</b> 1417 N. SEMORAN BLVD., SUITE 201 ORLANDO FL 32807			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3581261	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SALTZER, RONALD 485 WEST NEW YORK AVE. ORANGE CITY FL 32763				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
				<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By September 26, 2001</b>	
				<b>300004610613--1</b> <b>-09/25/01--01080--014</b> <b>*****50.00 *****50.00</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORGATE, INC.		NAME		
STREET ADDRESS	151-155 HORTON PARADE SUITE 11		STREET ADDRESS		
CITY-ST-ZIP	MAROOCHYDORE, AUSTRALIA		CITY-ST-ZIP		
<b>10. ADDITIONS/CHANGES</b>					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> SIGNATURE REQUIRED 7/Sept/2001 407-650-2509					

STAPLE CHECK HERE

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