
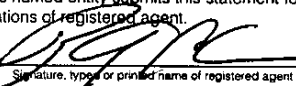
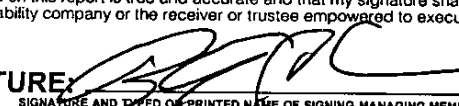


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90039 046 ****50.00

DOCUMENT # M04000001842					
1. Entity Name BUYER'S CHOICE OF PENSACOLA, LLC					
Principal Place of Business 522 E GOVERNMENT ST #9 PENSACOLA, FL 32502			Mailing Address 522 E GOVERNMENT ST #9 PENSACOLA, FL 32502		
2. Principal Place of Business 641 DYC ST Suite, Apt. #, etc.		3. Mailing Address 641 DYC ST Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 73-1703302	
Zip 32534		Country ESCAMBIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHISM, ROBERT A 522 E GOVERNMENT ST. #9 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name: ROBERT A. CHISM Street Address (P.O. Box Number is Not Acceptable): 641 DYC ST City: PENSACOLA FL Zip Code: 32534		
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: 4/12/06					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHISM, ROBERT 522 E GOVERNMENT ST #9 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 DYC ST PENSACOLA, FL 32534		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMETO, PEGGY 7803 ROSEHALL COVE BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT T CHISM 3600 N 12TH AVE PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR ROBERT T CHISM 3600 N 12TH AVE PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 4/12/06 Daytime Phone #: 850-206-6471		