
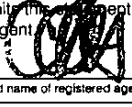



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 006 ***138.75

DOCUMENT # M07000002952					
1. Entity Name FIRST CHOICE NETWORK, LLC					
Principal Place of Business 9432 BAYMEADOWS ROAD, SUITE 260 JACKSONVILLE, FL 32256			Mailing Address 9432 BAYMEADOWS ROAD, SUITE 260 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 822 Ala North		3. Mailing Address 822 Ala North			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL			
Zip 32082	Country USA	Zip 32082	Country USA	4. FEI Number 20-8949908	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDENMAIER, CRAIG H 9432 BAYMEADOWS ROAD, SUITE 260 822 Ala North JACKSONVILLE, FL 32256 Suite 300 Ponte Vedra Beach, FL 32082			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 report 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  DATE <u>7/17/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALDENMAIER, CRAIG H 9432 BAYMEADOWS ROAD, SUITE 260 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	822 Ala North, Suite 300 Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	822 Ala North, Suite 300 Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	822 Ala North, Suite 300 Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	822 Ala North, Suite 300 Ponte Vedra Beach, FL 32082	<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:  <u>Craig H. Waldenmaier</u> <u>7/17/2008</u> <u>904-273-0100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					