2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-08-2005 90026 044 ****50.00

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02022005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
SELECT PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
13524 ROSEWOOD LN. NAPLES, FL 34119	PO BOX 110448 NAPLES, FL 34108

2. Principal Place of Business	3. Mailing Address
11290 Bonita Beach Road	Same
Suite, Apt. #, etc.: Bonita Springs,	Suite, Apt. #, etc.
City & State: Fl.	City & State
Zip: 34135 Country: Lee	Zip Country

4. FEI Number: 04-3645789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEINSTEIN, MARK D 290 NW 165TH ST., PH 4 - CITICENTRE MIAMI, FL 33169	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 [signature] KATHY A. FEINSTEIN 2-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, ERIC		NAME	
STREET ADDRESS	13524 ROSEWOOD LN		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33999		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, KATHY		NAME	
STREET ADDRESS	13524 ROSEWOOD LN		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33999		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] KATHY A. FEINSTEIN 2-3-05 239-596-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #