

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

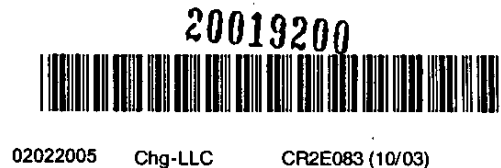
FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90026 044 ****50.00

DOCUMENT # L02000007913	
1. Entity Name SELECT PROPERTIES, L.L.C.	

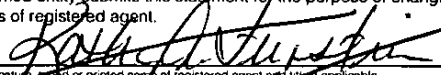
Principal Place of Business 13524 ROSEWOOD LN. NAPLES, FL 34119	Mailing Address PO BOX 110448 NAPLES, FL 34108
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2. Principal Place of Business 11290 Bonita Beach Road	3. Mailing Address Same
Suite, Apt. #, etc. Bonita Springs,	Suite, Apt. #, etc.
City & State FL	City & State
Zip 34135	Country Lee



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 FEINSTEIN, MARK D 290 NW 165TH ST., PH 4 - CITICENTRE MIAMI, FL 33169		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  **KATHY A. FEINSTEIN** **2-3-05**

Signature of registered agent or printed name of registered agent and agent's 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINSTEIN, ERIC 13524 ROSEWOOD LN NAPLES, FL 33999 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINSTEIN, KATHY 13524 ROSEWOOD LN NAPLES, FL 33999 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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  **KATHY A. FEINSTEIN** **2-3-05**
289-596-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #