

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90062 039 ***138.75

DOCUMENT # L02000007913

1. Entity Name

SELECT PROPERTIES, L.L.C.



Principal Place of Business

5258 GOLDEN GATE PARKWAY
SUITE 1
NAPLES FL 34116
US

Mailing Address

5258 GOLDEN GATE PARKWAY
SUITE 1
NAPLES FL 34116
US



2. Principal Place of Business - No P.O. Box #

7955 ARLAND AVE.

3. Mailing Address

P.O. Box 11048

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Box

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34109

Country

USA

Zip

34108

Country

USA

1st MOORE

CR2E083 (10/07)

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FEINSTEIN, ERIC
STREET ADDRESS 13524 ROSEWOOD LN
CITY-STATE-ZIP NAPLES FL 33999

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGRM ☐ Delete
NAME FEINSTEIN, KATHY
STREET ADDRESS 13524 ROSEWOOD LN
CITY-STATE-ZIP NAPLES FL 33999

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-22-08 (305) 944-4777