

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007913

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** SELECT PROPERTIES, L.L.C.

**Current Principal Place of Business:**

7955 AIRPORT RD N STE 101  
NAPLES, FL 34109 US

**New Principal Place of Business:**

2647 PROFESSIONAL CIRCLE  
SUITE 1205  
NAPLES, FL 34119 US

**Current Mailing Address:**

PO BOX 110448  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 04-3645789      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEINSTEIN, MARK D  
290 NW 165TH ST., PH 4 - CITICENTRE  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FEINSTEIN, ERIC  
Address: 13524 ROSEWOOD LN  
City-St-Zip: NAPLES, FL 33999

Title: MGRM (X) Delete  
Name: FEINSTEIN, KATHY  
Address: 13524 ROSEWOOD LN  
City-St-Zip: NAPLES, FL 33999

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FEINSTEIN, ERIC  
Address: 13524 ROSEWOOD LN  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ERIC FEINSTEIN

MBR

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date