


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



02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3645789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINSTEIN, KATHY 13524 ROSEWOOD LN NAPLES, FL 33999 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**
289-590-3440

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