2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90808 029 ****50.00

DOCUMENT # L02000007913

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

Principal Place of Business	Mailing Address
13524 ROSEWOOD LN. NAPLES FL 33999	PO BOX 110448 NAPLES FL 34108

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
13524 ROSEWOOD LN.		P.O BOX 110448	
Suite, Apt. #, etc.: NAPLES		Suite, Apt. #, etc.	
City & State: FL.		City & State: NAPLES, FL	
Zip: 34119	Country: USA	Zip: 34108	Country: USA

4. FEI Number 04-364 5789 ☐ 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 [signature] MARK FEINSTON, Esquire 3-27-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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 REQUIRED [signature] MBR Eric Feinstein 3-27-03 (239) 596-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #