

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90353 018 \*\*\*\*\*50.00

**DOCUMENT # L02000000088**

**1. Entity Name**

**SELECTIVE INVESTMENTS, LLC**



**Principal Place of Business**

**608 SE 6TH ST.  
SUITE 1  
FORT LAUDERDALE FL 33301**

**Mailing Address**

**608 SE 6TH ST.  
SUITE 1  
FORT LAUDERDALE FL 33301**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

**4. FEI Number**

**80-0003874**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHINNOCK, PHILIP  
817 SE 5TH CT.  
FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name **Chinnock, Phillip E.**  
Street Address (P.O. Box Number is Not Acceptable) **817 S.E. 5th Ct.**  
City **Fort Lauderdale** FL Zip Code **33301**

**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]*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **CHINNOC, PHILLIP E**  
STREET ADDRESS **608 SE 6TH ST, SUITE 1**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Chinnock, Phillip E.**  
STREET ADDRESS **608 SE 6th St., suite 1**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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

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

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

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

*[Signature]*

**4/6/04 904-467-7488**  
Date Daytime Phone #