2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 27, 2003 8:00 am
Secretary of State
02-05-2003 90029 031 ****50.00

DOCUMENT # L02000000088

1. Entity Name
SELECTIVE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
817 S.E. 5TH CT. FORT LAUDERDALE FL 33301	817 S.E. 5TH CT. FORT LAUDERDALE FL 33301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
608 SE 6th St	608 SE 6th St
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Ft. Lauderdale, Fl.	City & State: Ft Lauderdale, Fl.
Zip: 33301 Country: Broward	Zip: 33301 Country: Broward

4. FEI Number: 800003874 ☐ 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 S.E. 5TH CT.
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Phillip E. Chinnock
Street Address (P.O. Box Number is Not Acceptable): 817 SE 5th Ct.
City: Ft 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] Phillip E. Chinnock 1/24/03
(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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PHILLIP E. CHINNOCK 608 SE 6th St, Suite 1 FORTLAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Phillip E. Chinnock 1/24/03 954-467-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #