

# 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

**13524 ROSEWOOD LN.  
NAPLES FL 33999**

Mailing Address

**PO BOX 110448  
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

**13524 ROSEWOOD LN.**

**P.O. Box 110448**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NAPLES**

**NAPLES, FL**

City & State

City & State

**FL.**

**NAPLES, FL**

Zip

Country

Zip

Country

**34119**

**USA**

**34108**

**USA**

4. FEI Number

**04-364 5789**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mark Feinstein*

**MARK FEINSTEIN, Esquire**

**3-27-03**

**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

**MGRM  
FEINSTEIN, ERIC  
13524 ROSEWOOD LN  
NAPLES FL 33999**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
FEINSTEIN, KATHY  
13524 ROSEWOOD LN  
NAPLES FL 33999**

☐ 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

TITLE  
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

*Eric Feinstein*

**Eric Feinstein**

**3-27-03 (239) 546-3440**

CR2E083 (10/02)