2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018812

1. Entity Name

SELECT PROPERTIES GROUP, LLC

Principal Place of Business	Mailing Address
333 S TAMIAMI TRAIL SUITE 283 VENICE FL 34285	333 S TAMIAMI TRAIL SUITE 283 VENICE FL 34285

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2359554 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name HAROLD O. MILLER
	Street Address (P.O. Box Number is Not Acceptable) 7350 S. TAMIAMI TR, #201
	City SARASOTA FL Zip Code 34231

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] 9-24-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, FREDERICK 1404 WHITFIELD AVE. SARASOTA FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000772392 08/20/07-80001-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, HAROLD O 7350 S. TAMIAMI TR, #201 SARASOTA FL 34231 ☐ 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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TITLE NAME 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 exemptions contained in Chapter 119, 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] HAROLD O. Miller, Mg. Member 8-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 941-953-8401