

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019075			
1. Entity Name <u>SELECTEDLAND, L.L.C.</u>			
Principal Place of Business 1009 29TH AVE., NORTH NAPLES FL 34013		Mailing Address 2640 WHITE BLVD. NAPLES FL 34117	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOWMAN, TONY D 2640 WHITE BLVD NAPLES FL 34117		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 <u>Tony D. Bowman</u> <u>Tony D. Bowman</u> <u>02/06/06</u> Signature, typed or printed name of registered agent and title if applicable (NO) Registered Agent signature required when resigning (DATE)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			



1st MOORE CR2E083 (10/05)

4. FEI Number **41-2111237** Applied For Not Applicable

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOWMAN, TONY D 2640 WHITE BLVD NAPLES FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UD00000425468 02/18/06-80095-015 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUMM, BRUCE 2640 WHITE BLVD NAPLES FL 34117	☐ 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 Section 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: Tony D. Bowman Tony D. Bowman 02/06/06 239-352-1804