2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # L04000046019 1. Entity Name 02-02-2005 90151 037 ****50 00 SELECTED SOURCE LLC Principal Place of Business Mailing Address 785 CORONADO DRIVE 785 CORONADO DRIVE 20006164 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 : (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 51-0515580 ¹ ~ Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 resistered agent. egistered agent and " a applicable \$ 1.50 m o fc (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1; 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition DAILEY, JÉRAULD E NAME NAME STREET ADDRESS 785 CORONADO DRIVE STREET ADDRESS CITY+ST-ZIP PUNTA GORDA FL 33950 CITY-ST-7IP TITLE **MGRM** Delete TITLE ☐ Change ☐ Addition NAME NAME YE. HAIZHI STREET ADDRESS STREET ADDRESS 5-75 GATEWOOD PLACE CITY-ST-ZIP LONDON ON N5Y5A-4 CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED