FILED Jan 17, 2007 8:00 am Secretary of State

2007	FIMILED FINDIFILL COMLAL	
	ANNUAL REPORT	

DOCUMENT # L0400046019 1. Entity Name SELECTED SOURCE LLC					01-17-2007 90047 036 ****50.00					
Principal Place of Business Mailing Address					-17 + V V U					
785 CORONADO DRIVE PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US				US	i (400) 80	ı 20 ink dir u k dayın dayın dayı	a Celti didigi ento entre timo e	1888) (24 186)		
Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01092007	Chg-LLC	CR2E083 (12/06)				
City & State		City & State		4. FEI Number 51-051			oplied For of Applicable			
Zip	Country	Zip	Zip Country			of Status Desired	\$5.00 Add	ditional		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					(P.O. Box Number is Not Acceptable)					
				City			□ Zip Cod	_		
R :The above	named entity submits this statement for	ur the number of changing its	- coninter	1			FL, '			
the obligat	named entity submits this statement id tions of registered agent.	ir the purpose of changing its	registeri	ed office of register	red agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	f when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007					Make Florida	check payable to Department of Stat	· · ·			
9. IITLE	MANAGING MEMBE		10.			ADDITIONS/				
NAME STREET ADDRESS	DAILEY, JERAULD E 785 CORONADO DRIVE	☐ Delete		E ET ADDRESS		:	☐ Change	Addition		
CITY-ST-ZIP	PUNTA GORDA, FL 33950 MGRM	Delete	CITY	-ST-ZIP		. 7.		· ————————————————————————————————————		
NAME	YE, HAIZHI	ps.L.Delete	NAM	Į.		11	☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	F .			et adoress -st-zip		+ ŒO				
TITLE NAME STREET ADDRESS		☐ Delete	HAM STRE		Metro.	e igias — I	Change	Addition		
CHY-ST-ZIP			CTTY	-ST-ZP						
NAME STREET ADDRESS		☐ Ociete		ET ADORESS			☐ Change	☐ Addition		
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition		
STREET ADORESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
TITLE		☐ Delete	TITLE	1		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition		
NAME STREET ADDRESS (JTY-ST-ZIP				E Et address -St-Zip						
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.										
SIGNAT	TIPE: 15)	ach			JetiV	, 09	7007			
	SIGNATURE AND TYPED OR PROPRIED HAME O	F EIGHING WINAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESE		Oute	Daysme Phone #			