

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90079 024 \*\*\*\*55.00

<b>DOCUMENT # L04000070058</b>					
<b>1. Entity Name</b> SELECT INVESTMENT REALTY ADVISORS OF FLORIDA, LLC					
<b>Principal Place of Business</b> 17340 ALLENBURY COURT BOCA RATON, FL 33496 US			<b>Mailing Address</b> 17340 ALLENBURY COURT BOCA RATON, FL 33496 US		
<b>2. Principal Place of Business</b> 4400 NORTH FEDERAL HWY Suite, Apt. #, etc. 210		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State BOCA RATON FLORIDA		City & State		<b>4. FEI Number</b> 20-1741554	
Zip 33431		Country USA		Country	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b> Name THOMAS PORTER Street Address (P.O. Box Number is Not Acceptable) 17340 ALLENBURY COURT City BOCA RATON FL Zip Code 33496	
<b>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.</b> SIGNATURE: <u>THOMAS PORTER - MANAGING DIRECTOR</u> DATE: <u>7/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, THOMAS J 17340 ALLENBURY COURT BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>THOMAS PORTER</u> DATE: <u>7/28/05</u> DAYTIME PHONE: <u>561-447-4414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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07282005 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

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