


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116213	
1. Entity Name SELVITZ ROAD PROPERTIES, LLC	
	
Principal Place of Business 1499 W. PALMETTO PARK ROAD #410 BOCA RATON, FL 33486	Mailing Address 1499 W. PALMETTO PARK ROAD #410 BOCA RATON, FL 33486



02082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2196676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AOVIDA, EMAD 1499 W. PALMETTO PARK ROAD #410 BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AOVIDA, EMAD 1499 W. PALMETTO PARK ROAD, #410 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANOUHA, AFIF 3275 PONCE DE LEON CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UWEVDA, AOUS 1499 W. PALMETTO PARK ROAD, #410 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/08/07-80044-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ **2-26-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #