

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018689

FILED  
Jun 04, 2009  
Secretary of State

**Entity Name:** SELECT VACATION PROPERTIES, LLC

**Current Principal Place of Business:**

2449 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

2449 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 20-4406924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JURSINSKI, KEVIN F ESQ.  
7800 UNIVERSITY POINTE DR.  
SUITE 200  
FT MYERS, FL 33907 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANDERSON, COLLEEN  
Address: 2449 PERIWINKLE WAY  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANAGING MEMBER

MS

06/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date