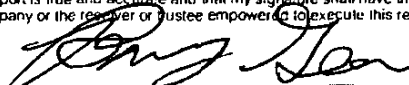


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3, **FILED**
Mar 21, 2007 8:00 am
Secretary of State

03-06-2007 90072 028 *****50.00

DOCUMENT # L06000061014			
1. Entity Name SELECTDECK - SOUTH FLORIDA LLC			
Principal Place of Business 6671 WEST INDIANTOWN ROAD #56 JUPITER, FL 33458		Mailing Address 6671 WEST INDIANTOWN ROAD #56 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01232007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2787086		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREEN, BARRY 123 CASSILLY WAY JUPITER, FL FL334-58		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	MGRM GREEN, BARRY 123 CASSILLY WAY JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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: 		Date: 2/10/07 Phone: 561-745-0661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	