


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004283 1. Entity Name SELOY DEVELOPMENT COMPANY, L.L.C.	
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Principal Place of Business 1301 PLANTATION ISLAND DR. SUITE 206B SAINT AUGUSTINE, FL 32080	Mailing Address PO DRAWER 70 ST AUGUSTINE, FL 32085-0070
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02152005No Chg-LLC_ CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681311	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent THOMPSON, PAUL J 1301 PLANTATION ISLAND DR., STE 206B SAINT AUGUSTINE, FL 32080	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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMPSON, PAUL J PO DRAWER 70 SAINT AUGUSTINE, FL 32085
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IN THIS SPACE**

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.

SIGNATURE:  **Paul J. Thompson** **2-24-05** **(904) 471-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #