


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010032**

1. Entity Name  
**S.E.L., L.C.**



Principal Place of Business      Mailing Address  
**1921 WALDEMERE STREET, SUITE 801**      **1921 WALDEMERE STREET, SUITE 801**  
**SARASOTA FL 34239**      **SARASOTA FL 34239**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)

4. FEI Number      Applied For  
**65-1131619**      (Not Applicable)

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

6. Name and Address of Current Registered Agent

**LANCE, SCOT E M.D.**  
**1921 WALDEMERE STREET, SUITE 801**  
**SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 Scot Lance      DATE 3/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LANCE, SCOT E	1921 WALDEMERE STREET	SARASOTA FL 34239	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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03/23/06 80002-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Scot Lance      DATE: 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #