
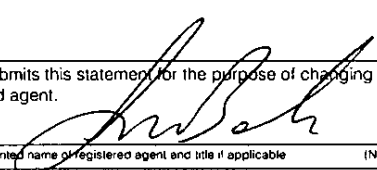
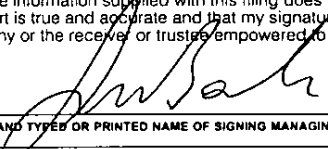


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90023 033 \*\*\*\*50.00

|  |  |                                       |   |   |   |
|--|--|---------------------------------------|---|---|---|
| <b>DOCUMENT # L06000025312</b><br>1. Entity Name<br><b>SELIN PARTNERS, LLC</b>   |  |                                       |   |  |   |
| Principal Place of Business<br><b>777 NORTHWEST 72ND<br/>SUITE 1098<br/>MIAMI, FL 33126</b>  |  |                                       | Mailing Address<br><b>P.O. BOX 2545<br/>HALLANDALE, FL 33008</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                    |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                   |   |   |   |
| City & State   |  | City & State                          |   | 40222007    Chg-LLC    CR2E083 (12/06)  |   |
| Zip  |  | Country                               |   | 4. FEI Number<br><b>22-3922469</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b> |   |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>  |  |                                       | 7. Name and Address of New Registered Agent<br>Name <b>SERDAR BOZKURT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>777 NW 72nd AVENUE #1098</b><br>City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33126</b> |   |   |
| 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    |  |                                       | DATE <b>4/2/07</b>  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                                       | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                       | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SANDERS, RUTH<br>72ND AVENUE, SUITE 1098<br>MIAMI, FL 33126   | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BOZKURT, SERDAR<br>72ND AVENUE, SUITE 1098<br>MIAMI, FL 33126 | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>SANDERS, EDWARD<br>72ND AVENUE, SUITE 1098<br>MIAMI, FL 33126  | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |                                       |   |   |   |
| <b>SIGNATURE:</b>   |  |                                       | Date <b>4/2/07</b> Daytime Phone # <b>954-806-5583</b>  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                       |   |   |   |