2006 LIMITED LIABILITY COMPANY

THOMPSON, PAUL J

the obligations of registered agent.

1301 PLANTATION ISLAND DR., STE 206B SAINT AUGUSTINE, FL 32080

FILED Apr 20, 2006 08:00 AN ary of State

Applied For Not Applicable

\$5.00 Additional Fee Required

ANNUAL KEPUK I				- , _	our of
DOCUMENT # L0000004283 1. Entity Name SELOY DEVELOPMENT COMPANY, L.L.C.			Sec	eret	ary of
Principal Place of Business 1301 PLANTATION ISLAND DR. SUITE 206B SAINT AUGUSTINE, FL 32080	Mailing Address PO DRAWER 70 ST AUGUSTINE, FL 32085-007	0			
	The second secon	- y	01172006No Chg-LLC	i Ma tti Ma tt	E083 (11/05)
DO NOT WR	ITE IN THIS SPAC	E	4. FEI Number 59-3681311		Ap
	-		5. Certificate of Status Desired	П	\$5.00 Add Fee Require
6. Name and Address of C	Current Registered Agent	1 A M 112277			-

DO	NOT	WRITE	
IN .	THIS	SPACE	

4-12-06

804-471-4800

Daytime Phone #

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature regulred when reinstating)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, PAUL J PO DRAWER 70 SAINT AUGUSTINE, FL 32085		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/02/06-80099-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature si billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 11 half have the same legal effect as if made under o cute this report as required by Chapter 608, Florid	 Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes.

AUL J. THOMPSON

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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