


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 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



**DO NOT WRITE IN THIS SPACE**

07072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1131619 Applied For 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

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IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

1100000371960  
07/11/05-80012-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANCE, SCOT E 1921 WALDEMERE STREET SARASOTA, FL 34239
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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)(f), 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: 7/7/05 Daytime Phone #: 941 917-2340

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