


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**2 Mar 26, 2007 8:00 am
Secretary of State**

02-21-2007 90101 042 ****50.00

DOCUMENT # L02000016698 1. Entity Name SELQUET LLC	
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Principal Place of Business 666 71ST STREET MIAMI BEACH, FL 33141 US	Mailing Address 666 71ST STREET MIAMI BEACH, FL 33141 US
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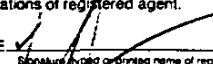


01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0470702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALAN A. LIPS C/O GPR 666 71ST STREET MIAMI BEACH, FL 33141	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  <small>Signature typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	3/13/07 DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE Sautegny, Pedro 666 71st Street Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARLENGA, DANIEL A 666 71st Street Miami Beach FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARLENGA, FERNANDO M 666 71st Street Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/26/07 Date	Daytime Phone #
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