

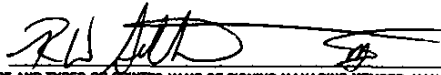


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90028 003 \*\*\*\*50.00

<b>DOCUMENT # L03000037285</b>					
<b>1. Entity Name</b> SELTON I, L.L.C.				14005448 	
<b>Principal Place of Business</b> 37 LAUREL OAK AMELIA ISLAND, FL 32034			<b>Mailing Address</b> 37 LAUREL OAK AMELIA ISLAND, FL 32034		
<b>2. Principal Place of Business</b> 8 Sound Point Place		<b>3. Mailing Address</b> 8 Sound Point Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Amelia Island, FL		<b>City &amp; State</b> Amelia Island, FL		<b>4. FEI Number</b> 90-0122418	
<b>Zip</b> 32034		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04212005 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  SELTON, ROBERT W III 37 LAUREL OAK AMELIA ISLAND, FL 32034			<b>7. Name and Address of New Registered Agent</b> Name: Robert W. Selton, III Street Address (P.O. Box Number is Not Acceptable): 8 Sound Point Place City: Amelia Island FL Zip Code: 32034		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SELTON, ROBERT W III <b>STREET ADDRESS</b> 37 LAUREL OAK <b>CITY-ST-ZIP</b> AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Selton, Robert W. III <b>STREET ADDRESS</b> 8 Sound Point Place <b>CITY-ST-ZIP</b> Amelia Island, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b> 			4/24/05		(904) 358-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #