STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L03000037285 1. Entity Name SELTON I, L.L.C. Principal Place of Business Mailing Address 8 SOUND POINT PLACE 8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 US 04192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 90-0122418 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELTON, ROBERT W III DO NOT WRITE 8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 and the section of ٧. MANAGING MEMBERS/MANAGERS MGR TITLE SELTON, ROBERT WILL NAME STREET ADDRESS 8 SOUND POINT PL CITY-ST-ZiP AMELIA ISLAND, FL 32034 TITLE NAME U00000530950 STREET ADDRESS <u>05/06/06-80021-002 50.00</u> CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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: