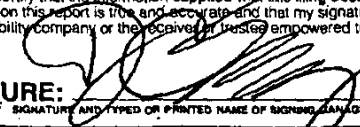


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-02-2004 90253 043 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000054588					
1. Entity Name SELBY & ASSOCIATES, LLC					
Principal Place of Business 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176			Mailing Address 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0456610	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SELBY, DWIGHT C 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
				MEMBER MGRM Dwight C. Selby Selby Realty, Inc. 200 E. Granada Blvd., #200 Ormond Beach, FL 32176	
				☐ Change ☒ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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.					
SIGNATURE: 				386 3/31/04 238-4456	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				/Date Daytime Phone #	