



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 025 ****50.00

DOCUMENT # L04000010167		
1. Entity Name CHERYL M. SELWAY FAMILY, LLC		
Principal Place of Business 22290 GREEN VALLEY TRAIL BROOKSVILLE, FL 34601 US		Mailing Address 22290 GREEN VALLEY TRAIL BROOKSVILLE, FL 34601 US
DO NOT WRITE IN THIS SPACE		
		04272007No Chg-LLC CR2E083 (11/05)
4. FEI Number 16-1752610		Applied For <input checked="" 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 SELWAY, JOSEPH 22290 GREEN VALLEY TRAIL BROOKSVILLE, FL 34601		DO NOT WRITE 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SELWAY, JOSEPH 22290 GREEN VALLEY TRAIL BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SELWAY, CHERYL M 22290 GREEN VALLEY TRAIL BROOKSVILLE, FL 34601	
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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:  4/27/07 3528272 3625		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>