

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017248

Entity Name: SELOUS ESTATES, LLC

FILED  
Jul 25, 2007  
Secretary of State

**Current Principal Place of Business:**

3605 BELLINGRADE CT  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3605 BELLINGRADE CT  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 20-0977774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARNDEN, IAIN G  
3605 BELLINGRADE CT  
TALLAHASSEE, FL 32309      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HARNDEN, IAIN G  
Address: 3605 BELLINGRADE CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM      ( ) Delete  
Name: HARNDEN, KEN C  
Address: 2009 TRESMOTT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IAIN HARNDEN

MBRM

07/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date