2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED
Jan 27, 2006 08:00 AN
Secretary of State

DOCUMENT # L04000071220 1. Entity Name SEL N 4 U, INC.				Secretary of State		
Principal Place of Business 2326 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33990 US Mailing Address 2326 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33990 US						
KEEFER, 2326 DEL CAPE CO	PRADO BLVD. S PRAL, FL 33990 a named entity submits this statement for lions of registered agent.	Registered Agent the purpose of changing its regis	tered office or registere	O1202006 No Chg- FEI Number 71-0972895 5. Certificate of Status DO NO IN THIS ad agent, or both, in the	State of Florida. 1 an	E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required L In familiar with, and accept
F	Signature, typed or printed name of registered agent a illing Fee is \$50.00 tue by May 1, 2006	nd title if applicable. (NOTE: Regis	bred Agent signature required	when rokistating)	DATE	
9.	MANAGING MEMBE	RS/MANAGERS	Conf. Conf. Conf.	both c min	and the second second second second	r y mr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEFER, MICHAEL 2326 DEL PRADO BLVD. S CAPE CORAL, FL 33990	no/weivAdina			Ú000004 02/06/06-8	04123 0035-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Supergradus Talmar Pagin And S.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Acceptance of the second of th		S SPACI	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. 4		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The second secon		Manghabar 7 to 10 against an ann an A
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver artistic	that my signature shall have the s	exemptions contained same legal effect as if	made_under oath; that i	i am a managing me	artify that the information imber or manager of the