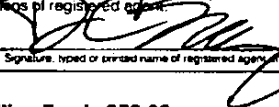
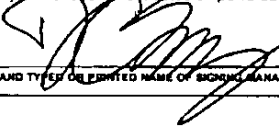


FILED
May 04, 2005 8:00 am
Secretary of State

03-24-2005 90213 001 ***100.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000082506			
1. Entity Name D.C. SELBY, LLC			
Principal Place of Business 200 E. GRANADA BLVD., #200 DAYTONA BEACH, FL 32118		Mailing Address 200 E. GRANADA BLVD., #200 DAYTONA BEACH, FL 32118	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1535 OAK FOREST DR. Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL	
Zip 32176	Country USA	Zip 32174	Country USA
4. EEI Number 20-1895784		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUGKS, WILLIAM E 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name DWIGHT C. SELBY Street Address (P.O. Box Number is Not Acceptable) 1535 OAK FOREST DR. City ORMOND BEACH FL Zip Code 32174	
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 		DATE 3-21-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGING MEMBER DWIGHT C. SELBY 1535 OAK FOREST DRIVE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ 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: 		DATE 3-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30005458



03082005 Chg-LLC CR2E083 (10/03)