2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 04, 2007 8:00 am Secretary of State

DOCUMENT # L0600005 1. Entity Name SELLUM1, LLC	55744		05-02-2007 90357 040 ****50.00
Principal Place of Business	Mailing Address		
16750 GULF BLVD., UNIT 712 N. Redington Beach, FL 33708	16750 GULF BLVD., UNIT ' N. REDINGTON BEACH, FL		
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		I HARINEM DIA BERKA KUMI BERKA BARKA BERKA BARKA BARKA BURKA KUMI KERUR KUMI PERPANJAR INSA
Suite, Apr. #, etc.	Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number 20 - 5528133 Applied For Not Applied able
Zip Country	Zip (Country	5. Certificate of Status Desired 35.00 Additional
8. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
SANDERS, WAYNE A		Name	
16750 GULF BLVD., UNIT 712 N. REDINGTON BEACH, FL 33708		Street Address ((P.O. Box Number is Not Acceptable)
W. MEDINGTON BEADILITE 35700			
		City	FL Zip Code
 The above named entity submits this statemer the obligations of registered agent. 	it for the purpose of changing its reg	istered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed of ponted name of registered e	pent and title if applicable. (NOTE: Reg	Jistered Agent algnature required	d when reinstading) DATE
100		Occept	75
Filing Fee Is \$50.00 Due by May 1, 2007	à l	15 DIRECT	Make check payable to Florida Department of State
9. MANAGING MEN	BERS/MANAGERS CAT	10.	ADDITIONS/CHANGES
HAME STREET ADDRESS CITY-ST-ZIP Wayne SAND Wayne SAND CUTY-ST-ZIP N. Rydlantan	BERS/MANAGERS (A) ERS Delete Blud 47/2 Rando FI 337/18	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DILE TO THE	□ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-57-27		CITY-ST-ZIP	
TULE NAME STREET ADDRESS LITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY+S1-ZP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZID	☐ Defete	NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE " NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
I. I hereby certify that the information supplied indicated on this report is true and accurate illimited liability compagn of the receiver or to.	with this filing does not qualify for the and that my signature shall have the stee empowered to exactle this repo	exemptions contained same legal effect as if n ort as required by Chap	in Chapter 119, Florida Statutes. I further certify that the information nade under oath; that I am a managing member or manager of the ster 608, Florida Statutes.