


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000343</b>	
1. Entity Name SELDEN FAMILY ENTERPRISES, L.C.	

Principal Place of Business 959 LINWOOD ROAD BIRMINGHAM, AL 35222	Mailing Address 959 LINWOOD ROAD BIRMINGHAM, AL 35222
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**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 63-1192938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ACKERMAN, DAVID P ESQ.  
 ACKERMAN, LINK & SARTORY, P.A.  
 222 LAKEVIEW AVENUE, SUITE 1250  
 WEST PALM BEACH, FL 33401

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000737857  
05/11/07-80043-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELDEN, A. INGE III 959 LINWOOD ROAD BIRMINGHAM, AL 35222
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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:** A. Inge Selden III *A. Inge Selden III, Manager* **4/27/07** **(205) 254-1056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #