2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000343 FILED Jul 23, 2008 08:00 AM Secretary of State SELDEN FAMILY ENTERPRISES, L.C. Principal Place of Business Mailing Address 959 LINWOOD ROAD 959 LINWOOD ROAD BIRMINGHAM, AL 35222 BIRMINGHAM, AL 35222 07192008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1192938 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERMAN, DAVID P ESQ. DO NOT WRITE ACKERMAN, LINK & SARTORY, P.A. 222 LAKEVIEW AVENUE, SUITE 1250 IN THIS SPACE WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited 000000956120 Due by September 12, 2008 liability company did not receive the prior notice. 07/23/08-80004-007 138.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SELDEN, A. INGE III NAME STREET ADDRESS 959 LINWOOD ROAD BIRMINGHAM, AL 35222 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

A. Incessory

SIGNATURE: ___

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/19/08

(205) 254-1056

Date

Daytime Phone #