2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # Z00410

1. Entity Name JUDITH SELZ #1, L.C.



Principal Place of Business

717 LAYNE BLVD. HALLANDALE, FL 33009 Mailing Address

717 LAYNE BLVD. HALLANDALE, FL 33009

FILED Apr 09, 2008 8:00 am Secretary of State

04-09-2008 90124 004 ***138.75

60021097



03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0288987

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SELZ, JUDITH 717 LAYNE BLVD. HALLANDALE, FL 33009

SIGNATURE:

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1; 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELZ, JUDY 717: LAYNE BLVD. HALLANDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELZ, KAREN 486 SUNSET DRIVE ASHEVILLE, NC 28804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.MGRM SELZ, ROBERT 717 LAYNE BLVD HALLANDALE, FL 33009	DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY;ST-ZIP			·
NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>
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.			