

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001149

1. Entity Name  
SEBRING LAND LIMITED PARTNERSHIP



FILED  
03 SEP 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1275 LAKE HEATHROW LANE  
HEATHROW FL 32746

Mailing Address  
1275 LAKE HEATHROW LANE  
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3659766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, LARRY B ESQ.  
C/O JONES, FOSTER, ET AL  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33402

Name Gray, N. Dwayne Jr Esq  
Greenspoon, Marder, Hirschfeld, et al  
Street Address (P.O. Box Number is Not Acceptable)  
135 West Central Blvd., Suite 1100

City Orlando FL Zip Code 32801

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]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,200,010.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000039653  
NAME 27/SSH CORP.  
STREET ADDRESS 1275 LAKE HEATHROW LANE  
CITY-ST-ZIP HEATHROW FL 32746

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03

(407) 333-1000 ext 29

Date

Daytime Phone #

CR2E003 (10/02)