

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080707

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** SEBRING LAND DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

20130 NE 26 AVENUE  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

6035 SHELTON STREET  
SEBRING, FL 33876

**New Mailing Address:**

**FEI Number:** 41-2156439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONNARDEL, KENNETH  
20130 NE 26 AVENUE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BONNARDEL, KENNETH  
Address: 20130 NE 26 AVENUE  
City-St-Zip: MIAMI, FL 33180

Title: MGRM ( ) Delete  
Name: BIEDA, MIMI  
Address: 6035 SHELTON STREET  
City-St-Zip: SEBRING, FL 33876

Title: MGRM ( ) Delete  
Name: BIEDA, LEVI  
Address: 6035 SHELTON STREET  
City-St-Zip: SEBRING, FL 33876

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIMI BIEDA

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date