
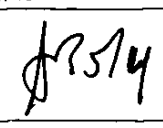
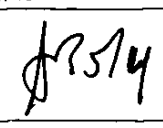
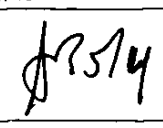
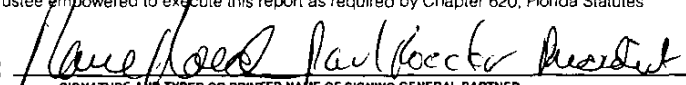
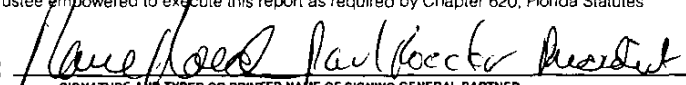
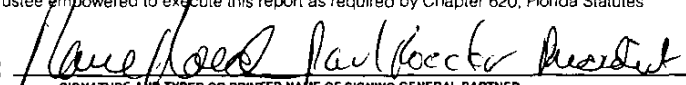


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2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000001149																																																																																						
1. Entity Name SEBRING LAND LIMITED PARTNERSHIP																																																																																						
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 - No P.O. Box #			3. Mailing Address																																																																																			
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																			
City & State			City & State																																																																																			
Zip		Country	Zip		Country																																																																																	
4. FEI Number 59-3659766			Applied For <input type="checkbox"/> Not Applicable																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																			
ROECKER, PAUL ESQUIRE 1275 LAKE HEATHROW LANE HEATHROW, FL 32746			Name																																																																																			
			Street Address (P.O. Box Number is Not Acceptable)																																																																																			
			City																																																																																			
			FL Zip Code																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																						
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00																																																																																						
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.																																																																																						
<table border="1" style="width:100%"><tr><th colspan="2">12. GENERAL PARTNER INFORMATION</th><th colspan="2">13. ADDRESS CHANGES ONLY</th></tr><tr><td>DOCUMENT #</td><td>P98000039653</td><td>STREET ADDRESS</td><td></td></tr><tr><td>NAME</td><td>27/SSH CORP.</td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1275 LAKE HEATHROW LANE</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HEATHROW, FL 32746</td><td></td><td></td></tr><tr><td>DOCUMENT #</td><td rowspan="5"></td><td>STREET ADDRESS</td><td>900103011269</td></tr><tr><td>NAME</td><td></td><td>05/22/07--01021--010 **\$50.00</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>DOCUMENT #</td><td></td><td></td><td></td></tr><tr><td>NAME</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>DOCUMENT #</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>NAME</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>DOCUMENT #</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>NAME</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>						12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		DOCUMENT #	P98000039653	STREET ADDRESS		NAME	27/SSH CORP.	CITY-ST-ZIP		STREET ADDRESS	1275 LAKE HEATHROW LANE			CITY-ST-ZIP	HEATHROW, FL 32746			DOCUMENT #		STREET ADDRESS	900103011269	NAME		05/22/07--01021--010 **\$50.00	STREET ADDRESS			CITY-ST-ZIP			DOCUMENT #				NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP				DOCUMENT #		STREET ADDRESS		NAME		CITY-ST-ZIP		STREET ADDRESS				CITY-ST-ZIP				DOCUMENT #		STREET ADDRESS		NAME		CITY-ST-ZIP		STREET ADDRESS				CITY-ST-ZIP			
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes																																																																																						
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