

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000800**

1. Entity Name  
**SEBRING SQUARE, LTD.**



Principal Place of Business  
**P.O. BOX 2707  
PALM BEACH, FL 33480**

Mailing Address  
**P.O. BOX 2707  
PALM BEACH, FL 33480**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**11-3380889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FLEMING HAILE & SHAW, P.A.  
11780 SOUTH US HIGHWAY 1  
SUITE 300  
PALM BEACH GARDENS, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P97000031795**  
NAME **SEBRING SQUARE, INC.**  
STREET ADDRESS **255 S. COUNTY ROAD, SUITE 201**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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U000000779845  
01/11/08-80052-025 500.00

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IN THIS SPACE**

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

**SIGNATURE:**

*John S. Grace* **John S. Grace**

**1-9-08**

Date

Daytime Phone #

**561-659-7900**

STAPLE CHECK HERE