

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # A99000001084

1. Entity Name
SOUTH SEBRING S.C., LTD.



Principal Place of Business
**925 SOUTH FEDERAL HWY
SUITE 425
BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX 11229
KNOXVILLE, TN 37939**



01222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205**

**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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

DATE
U000000862685
04/03/08-80059-009 500.00

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 #	G66829
NAME	TAMNOR CORPORATION
STREET ADDRESS	5410 HOMBERG DRIVE
CITY-ST-ZIP	KNOXVILLE, TN 37919
DOCUMENT #	G66830
NAME	NORTAM CORPORATION
STREET ADDRESS	5410 HOMBERG DRIVE
CITY-ST-ZIP	KNOXVILLE, TN 37919
DOCUMENT #	625859
NAME	WEST INVESTMENT COMPANY, INC.
STREET ADDRESS	925 SOUTH FEDERAL HWY SUITE 425
CITY-ST-ZIP	BOCA RATON, FL 33432

**DO NOT WRITE
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: _____

Steven Levin, Secretary

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE