

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90213 023 ****50.00

DOCUMENT # L00000008841

1. Entity Name
SEBRING HIGHLANDS REALTY & MANAGEMENT, LLC

Principal Place of Business
**2801 S. CLUBHOUSE BLVD
 AVON PARK FL 33825**

Mailing Address
**1275 LAKE HEATHROW LANE
 HEATHROW FL 32746**

966179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3659763**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, LARRY B ESQ.
 505 SOUTH FLAGLER DRIVE, SUITE 1100
 WEST PALM BEACH FL 33401**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MBR** Delete
 NAME **SEBRING LAND LIMITED PARTNERSHIP**
 STREET ADDRESS **1275 LAKE HEATHROW LANE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **27/SSH CORP.**
 STREET ADDRESS **1275 LAKE HEATHROW LANE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **DICK, MICHAEL T**
 STREET ADDRESS **1275 LAKE HEATHROW LANE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **MESEROLL, DAVID B**
 STREET ADDRESS **2801 S. CLUBHOUSE BLVD**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 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: *George P. Apostolikas Pres.* **4/30/02** **(407) 333-1400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00000208

CR2E083 (9/01)