


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90428 021 ****55.00

DOCUMENT # L01000017471		
1. Entity Name HAWK'S LANDING OF SEBRING, LLC		
Principal Place of Business 2649 NE 27 TERR FORT LAUDERDALE FL 33306		Mailing Address 2649 NE 27 TERR FORT LAUDERDALE FL 33306



1st MOORE CR2E083 (10/05)

2. Principal Place of Business 1013 HAWKS LANDING DR.		3. Mailing Address P.O. BOX 7577	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring, FL.		City & State Sebring, FL.	
Zip 33875	Country HIGHLAND	Zip 33872	Country HIGHLAND

4. FEI Number 65-1149565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALBERT, PETER A
2649 NE 27 TERR
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **ALBERT, Peter A**

Street Address (P.O. Box Number is Not Acceptable)
1013 HAWKS LANDING DR.

City **Sebring** State **FL** Zip Code **33875**

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 **Peter A. ALBERT** DATE **2-16-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, DR COREY 404 WINDSOR PL OCEANSIDE NY 11572 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT, PETER A 2649 NE 27 TERR FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT, Peter A 1013 HAWKS LANDING DR. Sebring, FL. 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Peter A. ALBERT** DATE **2-15-06** 954-254-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #