

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L01000017471**

**1. Entity Name  
HAWK'S LANDING OF SEBRING, LLC**



**Principal Place of Business  
1013 HAWKS LANDING DR  
SEBRING, FL 33875**

**Mailing Address  
POB 7577  
SEBRING, FL 33872**



04222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-1149565**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

**ALBERT, PETER A  
1013 HAWKS LANDING DR  
SEBRING, FL 33875**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>STEIN, DR COREY</b>
<b>STREET ADDRESS</b>	<b>404 WINDSOR PL</b>
<b>CITY- ST- ZIP</b>	<b>OCEANSIDE, NY 11572</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>ALBERT, PETER A</b>
<b>STREET ADDRESS</b>	<b>1013 HAWKS LANDING DR</b>
<b>CITY- ST- ZIP</b>	<b>SEBRING, FL 33875</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

U00000918274  
05/13/08-80075-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

**11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0570