

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022404

**FILED**  
**Feb 11, 2005**  
**Secretary of State**

**Entity Name:** SEBRING MANAGEMENT, LLC

**Current Principal Place of Business:**

4105 LAFAYETTE AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4105 LAFAYETTE AVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 65-1160007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THAKKAR, VINOD C  
4105 LAFAYETTE AVE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

VREELAND, JOHN  
1 LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

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: JOHN VREELAND

02/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: THAKKAR, VINOD C  
Address: 4105 LAFAYETTE AVE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VINOD THAKKAR

MGR

02/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date