

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90070 007 ***138.75

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DOCUMENT # L02000012941 1. Entity Name F & F PROPERTIES OF SEBRING, L.L.C.			
Principal Place of Business 25 RYANT BLVD SEBRING, FL 33872 US		Mailing Address 25 RYANT BLVD SEBRING, FL 33872 US	
2. Principal Place of Business - No P.O. Box # 1812 SAND TRAP CT Suite, Apt. #, etc.		3. Mailing Address 1812 SAND TRAP CT Suite, Apt. #, etc.	
City & State SEBRING, FL		City & State SEBRING, FL	
Zip 33872 Country HIGHLANDS		Zip 33872 Country HIGHLANDS	
4. FEI Number 74-3046448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01212008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FASSINO, FRANCIS 1812 SAND TRAP COURT SEBRING, FL 33872		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, KEITH 3650 LAKEVIEW DR SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FASSINO, FRANCIS J 1812 SAND TRAP COURT SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FASSINO, LAUREL J 1812 SAND TRAP COURT SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, LISA A 3650 LAKEVIEW DR SEBRING, FL 33872	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"/> Delete	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"/> Delete	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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1-21-08 4633814267 <small>Date Daytime Phone #</small>	