

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023337

FILED  
May 07, 2005  
Secretary of State

Entity Name: SEBEDEL, L.L.C.

**Current Principal Place of Business:**

468 MIDVALE TERRACE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

468 MIDVALE TERRACE  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 20-0236178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BLOOM, GWEN D  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

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

BLOOM, GWEN D  
320 W. SABAL PALM PLACE  
SUITE300  
LONGWOOD, FL 32779 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:

05/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BLECKER, EDGAR R  
Address: 468 MIDVALE TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM ( ) Delete  
Name: BLECKER, EIVA A  
Address: 468 MIDVALE TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES:**

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

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: EDGAR BLECKER

MGRM

05/07/2005

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