


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90034 039 ****55.00

DOCUMENT # L03000039585	
1. Entity Name SEBRING GROVE, LLC	

Principal Place of Business 149 EAST CENTER STREET SEBRING, FL 33870	Mailing Address 3490 PIEDMONT ROAD NE ONE SECURITIES CENTRE, SUITE 200 325 ATLANTA, GA 30305
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3490 Piedmont Road NE
City & State	Suite, Apt. #, etc. Suite 325
Zip	City & State Atlanta GA
Country	Zip 30305
	Country Fulton

40000404



05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 54-1693141	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	
CRUTCHFIELD, TOM 149 EAST CENTER STREET SEBRING, FL 33870	
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGEY, JAMES M	NAME	
STREET ADDRESS	4850 FOX GLEN	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA, GA 30068	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGEY, WILLIAM J	NAME	
STREET ADDRESS	4932 BALSAM DRIVE, SW	STREET ADDRESS	
CITY-ST-ZIP	ROANOKE, VA 24018	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGEY, JOHN R	NAME	
STREET ADDRESS	19 SYLVAN WAY	STREET ADDRESS	
CITY-ST-ZIP	SUDBURY, MA 01776	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/06

Date

404-233-9415

Daytime Phone #