## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## **ANNUAL REPORT** FILED Feb 26, 2007 08:00 AM **DOCUMENT # L04000046218** Secretary of State BLUMENTHAL PROPERTIES OF SEBRING, LLC Principal Place of Business Mailing Address 414 LAKETRANDSROAD 414 LAKEFRANCISFOAD LAKE FLACID FL 33852 LAKEPLACID, PL 33852. 02082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0518392 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BLUMENTHAL, MAURICE** DO NOT WRITE 414 LAKE FRANCIS ROAD LAKE PLACID, FL 33852 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ST TITLE NAME **BLUMENTHAL, CATHERINE** STREET ADDRESS 414 LAKE FRANCIS RD C/TY-ST-ZIP LAKE PLACID, FL 33852 U00000646523 TITLE 03/06/07-80034-024 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2/22/09