

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

04-04-2005 90424 005 ****50.00

DOCUMENT # L04000060825 1. Entity Name BANYAN PLAZA OF SEBRING, L.L.C.					
Principal Place of Business 2639 CHICAGO AVENUE SEBRING, FL 33870			Mailing Address 2639 CHICAGO AVENUE SEBRING, FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MACBETH, J. ROSS 2543 U.S. 27 SOUTH 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	Managing Member <input type="checkbox"/> Delete Swan M. Lee STREET ADDRESS 2639 Chicago Avenue CITY-ST-ZIP Sebring, FL 33870		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		
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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 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 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 606, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

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03262005 Chg-LLC CR2E083 (10/03)

4. FEI Number **518-80-2943** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

ATTACHMENT

380/0087

J. ROSS MACBETH

ATTORNEY AND COUNSELOR AT LAW
LAKEVIEW PROFESSIONAL BUILDING
2543 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870-2125

TELEPHONE (863) 385-7600

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July 7, 2005

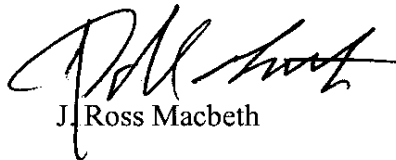
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: Banyon Plaza of Sebring, L.L.C.
Reference No. L04000060825

Gentlemen:

I am responding to your letter dated April 6, 2005, addressed to Banyon Plaza of Sebring, L.L.C., a copy of which is enclosed. With this letter I am also returning to you the copy of the 2005 Limited Liability Company Annual Report which accompanied your letter. Blocks 4 and 9 have now been completed with the information requested in your letter.

Sincerely yours,



J. Ross Macbeth

JRM/ljc

Enclosures

cc: Banyon Plaza of Sebring, L.L.C.
Lisa Sherman, C.P.A.

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