FILED
May 26, 2005 8:00 am
Secretary of State
05-03-2005 90015 015 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081224

1. Entity Name
SEBRING CITRUS RANCH, LLC

30907677

Principal Place of Business	Mailing Address
931 WEST OAKLAND AVE. OAKLAND, FL 34760	P.O. BOX 771399 WINTER GARDEN, FL 34777-1399

04262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1869605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIN, WILLIAM R 931 WEST OAKLAND AVE. OAKLAND, FL 34760	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 _____ DATE
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
Title	MGRM LEWIN, WILLIAM R 931 WEST OAKLAND AVE. OAKLAND, FL 34760	Title	
Title	MGRM CONOLEY, E B 1754 TURNBERRY TERRACE ORLANDO, FL 32804	Title	
Title		Title	
Title		Title	
Title		Title	
Title		Title	

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 608, Florida Statutes.

SIGNATURE: W Lewin 4-27-05 407 656 6905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #