2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# L05000035220

Entity Name: SEBRING MOBILE, LLC

Current Principal Place of Business:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952

New Mailing Address:

P.O. BOX 496515
PORT CHARLOTTE, FL 33949

FEI Number: 04-3811642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGHI, ALBERTO M MD
3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RIGHI, ALBERTO M MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
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Title: ( ) Delete
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Title: ( ) Delete
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Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: ROCA, MARGO H
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Change (X) Addition
Name: TUFARIELLO, DANIEL V
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Change (X) Addition
Name: KING, DENNIS E
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Change (X) Addition
Name: SCHERER, JAMES L
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Change (X) Addition
Name: MAURER, JAMES
Address: 3194 SUNRISE TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALBERTO RIGHI MGRM 04/06/2006

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