

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90193 024 ****50.00

DOCUMENT # L05000046482

1. Entity Name
SEBRING PARTNERS, LLC



Principal Place of Business
**215 CELEBRATION PLACE
#190
CELEBRATION, FL 34747**

Mailing Address
**4877 LAKE CECILE DR.
KISSIMMEE, FL 34746**



2. Principal Place of Business

3. Mailing Address

215 Celebration Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.
190

03242006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Celebration, FL

4. FEI Number
20-3127114

Applied For
Not Applicable

Zip

Country

Zip

Country

34747

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

**TERRICO, MARTIN E
4877 LAKE CECILE DR
KISSIMMEE, FL 34746**

Name
B.F. Buoncervello

Street Address (P.O. Box Number is Not Acceptable)
215 Celebration Place

#190

City
Celebration FL Zip Code
34747

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 **B.F. Buoncervello** **MGRM** **3/27/06**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TERRICO, MARTIN E
4877 LAKE CECILE DR
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TERRICO, MARTIN E.
4877 LAKE CECILE DR
KISSIMMEE FL 34746** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SEVERINO, ROBERT E
5522 GRANADA BLVD.
SEBRING, FL 33872** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BUONCERVELLO, B F
215 CELEBRATION PLACE #190
CELEBRATION, FL 34747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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]** **3/24/06** **407-566-1215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #