

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000046482

1. Entity Name
SEBRING PARTNERS, LLC



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

Mailing Address
**215 CELEBRATION PLACE
190
KISSIMMEE, FL 34747**



04212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3127114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**B.F. BUONCERVELLO
215 CELEBRATION PL
190
KISSIMMEE, FL 34747**

**DO NOT WRITE
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 true if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000738392
05/11/07-80065-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERRICO, MARTIN E 4877 LAKE CECILE DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVERINO, ROBERT E 5522 GRANADA BLVD. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUONCERVELLO, B F 215 CELEBRATION PLACE #190 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Martin E. Terrico MGR 4/24/07 407 908 0009