

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000079433	
1. Entity Name SEBRING INVESTMENTS, LLC	
Principal Place of Business 8824 CORAL WAY MIAMI, FL 33165	Mailing Address 8824 CORAL WAY MIAMI, FL 33165



04212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3749080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERO, NESTOR
8824 CORAL WAY
MIAMI, FL 33165**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, ALFREDO 1130 S.W. 97TH CT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWLEY, FRANK D 4220 S.W. 156TH PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JORGE A 234 S.W. 102 CT. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERO, NESTOR 8824 CORAL WAY MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/08-80012-024 138.75

**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

4/20/08 305-221-2400
Date Daytime Phone #