

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100432

FILED
May 01, 2008
Secretary of State

Entity Name: SEBRING PROFESSIONAL PLAZA, LLC

Current Principal Place of Business:

3838 US HWY 27 SOUTH
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

3775 WILD ORCHID LN.
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 20-3581042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

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: KAUFMAN, JAMES G
Address: 8324 NW 80TH ST
City-St-Zip: TAMARAC, FL 33321 US

Title: MMBR () Delete
Name: PETROLE, JOSEPH
Address: 1200 ANASTASIA AVE, SUITE 300
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAUFMAN, JAMES G
Address: 3775 WILD ORCHID LANE
City-St-Zip: FT PIERCE, FL 34981 US

Title: MMBR (X) Change () Addition
Name: PETROLE, JOSEPH
Address: 1200 ANASTASIA AVE, SUITE 320
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES G KAUFMAN

MGRM

05/01/2008

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