

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036459

**FILED**  
**Jul 13, 2008**  
**Secretary of State**

**Entity Name:** SEBRING BABYBOOMERS' PARADISE, LLC

**Current Principal Place of Business:**

11620 N.W. 29TH PLACE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 590161  
FT. LAUDERDALE, FL 33359

**New Mailing Address:**

11620 N.W. 29TH PLACE  
SUNRISE, FL 33323

**FEI Number:** 20-4685916      **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:**

DAVID R. ROY, P.A.  
4209 N. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064      US

**Name and Address of New Registered Agent:**

DANIEL G. GASS, ESQUIRE  
10001 NW 50TH STREET  
SUITE 204  
SUNRISE, FL 33351      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: DANIEL G. GASS

07/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KISHK, NABIL  
Address: P.O. BOX 590161  
City-St-Zip: SUNRISE, FL 33359

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: ISMAIL, YOUSEF  
Address: 11620 NW 29TH PLACE  
City-St-Zip: SUNRISE, FL 33323

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: YOUSEF ISMAIL

MGR

07/13/2008

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