

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070623

FILED
Mar 01, 2007
Secretary of State

Entity Name: SOUTHERN LIFESTYLE ALF OF SEBRING, LLC

Current Principal Place of Business:

2412 LOST BALL DRIVE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2412 LOST BALL DRIVE
SEBRING, FL 33872

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERT E. LIVINGSTON, P.A.
445 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: ROBBINS, RONALD
Address: 5498 VILLA TRACE
City-St-Zip: HOOVER, AL 35244

Title: MGRM () Delete
Name: OAKES, CHARLES
Address: 2412 LOST BALL DRIVE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: SALLIS, EDWIN
Address: 125 SOUTH CONGRESS STREET, STE. 1610
City-St-Zip: JACKSON, MS 39201

Title: MGRM () Delete
Name: WICKER, WILLIAM
Address: 125 SOUTH CONGRESS STREET, STE. 1610
City-St-Zip: JACKSON, MS 39201

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A. OAKES

PRES

03/01/2007

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