


## 1/1

01-18-2007 90017 040 \*\*\*\*50.00

<b>DOCUMENT # L06000117359</b>				<b>Secretary of State</b> 01-18-2007 90017 040 ****50.00	
<b>1. Entity Name</b> SEBRING RANCHES OF HIGHLANDS COUNTY, LLC					
<b>Principal Place of Business</b> 1009 N 14TH STREET LEESBURG, FL 34748		<b>Mailing Address</b> 1009 N 14TH STREET LEESBURG, FL 34748			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8013469	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691				<b>7. Name and Address of New Registered Agent</b>	
				<b>Name</b>	
				<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
				<b>City</b> <b>FL</b> <b>Zip Code</b>	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent Signature required when releasing) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>DAVIS, LARRY W JR.</b> <b>1009 N 14TH STREET</b> <b>LEESBURG, FL 34748</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>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.</b>					
<b>SIGNATURE:</b> _____			<b>1-16-07 863-341-7937</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		