

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005369

Entity Name: 2821 HWY 27, L.L.C.

**FILED**  
**Apr 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2821 U.S. HIGHWAY 27 NORTH, SUITE A  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

2821 U.S. HIGHWAY 27 NORTH, SUITE A  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 65-0952114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVEROS, FABIO  
130MEDICAL CENTER  
SEBRING, FL 33870 US

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

OLIVEROS, FABIO  
130 MEDICAL CENTER  
SEBRING, FL 33870 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:

04/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLIVEROS, FABIO  
Address: 130 MEDICAL CENTER  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES:**

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: FABIO OLIVEROS

MGRM

04/09/2007

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