


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010849

1. Entity Name
SHELDONA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 10:21

Principal Place of Business 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019	Mailing Address 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019
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2. Principal Place of Business 1200 BRICKELL AVE	3. Mailing Address P.O. Box 611510
Suite, Apt. #, etc. 18th Floor 1/2 TERRA	Suite, Apt. #, etc. NORTH MIAMI

City & State MIAMI, FLA.	City & State FLA.
Zip 33131	Country U.S.A.
Zip 33261-1510	Country USA



09072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0712796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
18851 NE 29TH AVE, STE 900
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSSKOPF, MANUEL <input type="checkbox"/> Delete 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete SANL, JOAN N 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER FISCHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1200 BRICKELL AVE, 18th FLOOR MIAMI, FLA. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAISY M. GOTO LONGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1200 BRICKELL AVE, 18 FLOOR MIAMI, FLA. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #