

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005414

1. Entity Name
SHEFFIELD PROPERTIES OF ILLINOIS INC.



Principal Place of Business

555 SKOKIE BLVD. #555
SKOKIE, IL 60062

Mailing Address

31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3293754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	COLBURN, DAVID D
STREET ADDRESS	555 SKOKIE BLVD. #555
CITY - ST - ZIP	SKOKIE, IL 60062
TITLE	DS
NAME	BRADFORD, DAVID T
STREET ADDRESS	31356 VIA COLINAS
CITY - ST - ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	DT
NAME	PARISH, JOHN D
STREET ADDRESS	31356 VIA COLINAS
CITY - ST - ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000326989
04/25/05-80019-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. BRADFORD

4/16/05

Date

(408) 991-9000

Daytime Phone #