


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F0300005414
1. Entity Name
SHEFFIELD PROPERTIES OF ILLINOIS INC.



Principal Place of Business Mailing Address
555 SKOKIE BLVD. #555 31356 VIA COLINAS
SKOKIE, IL 60062 WESTLAKE VILLAGE, CA 91362

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
94-3293754 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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	CP COLBURN, DAVID D 555 SKOKIE BLVD. #555 SKOKIE, IL 60062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRADFORD, DAVID T 31356 VIA COLINAS WESTLAKE VILLAGE, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PARISH, JOHN D 31356 VIA COLINAS WESTLAKE VILLAGE, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

04/25/05-80019-018 150.00

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 life empowered.

SIGNATURE: DAVID T. BRADFORD 4/16/05 (918) 991-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #