FILED Apr 24, 2006 08:00 AM Secretary of State **2006 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # F03000005414 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 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FELNimber 94-3293754 Nat Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Lam 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 arguature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS BILE NAME COLBURN, DAVID D STREET ADDRESS 555 SKOKIE BLVD. #555 CITY-ST-ZIP U00000528488 SKOKIE, IL 60062 05/05/06-80040-010 150.00 TITLE BRADFORD, DAVID T NAME STREET ADDRESS 31356 VIA COLINAS CHY-ST-ZIP WESTLAKE VILLAGE, CA 91362 TITLE PARISH, JOHN D STREET ADDRESS 31356 VIA COLINAS DO NOT WRITE CSTY-ST-ZIP WESTLAKE VILLAGE, CA 91362 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZTP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the receiver cytrustee embowered to effect the first 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 print the impowered.

SIGNATURE:

STREET ADDRESS CATY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

(8/8) 791-9000

Dayoma Phone &