


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



04212008    No Chg-P    CR2E034 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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
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 05/20/08-80008-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 like empowered

SIGNATURE: \_\_\_\_\_      4/22/08      (818) 991-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #