

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002725 1. Entity Name SHERIDAN APARTMENTS, LLC																																											
Principal Place of Business 4200 SHERIDAN HOLLYWOOD STE HOLLYWOOD, FL 33021		Mailing Address 8445 SPRINGTREE DR FORT LAUDERDALE, FL 33351																																									
DO NOT WRITE IN THIS SPACE		% B , - , , , , , , 3 . 1 9 & 04292004 No Chg-LLC CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; font-size: x-small;"> 4. FEI Number NOT APPLICABLE </td> <td style="width: 20%; font-size: x-small;"> Applied For Not Applicable </td> </tr> <tr> <td style="font-size: x-small;"> 5. Certificate of Status Desired ☐ </td> <td style="font-size: x-small;"> \$5.00 Additional Fee Required </td> </tr> </table>		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required																																				
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6. Name and Address of Current Registered Agent CLARK, THOMAS M 8445 SPRINGTREE DR SUNRISE FORT LAUDERDALE, FL 33351		DO NOT WRITE IN THIS SPACE																																									
7. 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 fee if applicable) (NOTE: Registered Agent signature required when re-electing) DATE																																											
Filing Fee is \$50.00 Due by May 1, 2004																																											
8. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: x-small;">TITLE</td> <td style="font-size: x-small;">MGRP</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td style="font-size: x-small;">ARDELEAN, CONSTANTIN</td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td style="font-size: x-small;">8445 SPRINGTREE DR</td> </tr> <tr> <td style="font-size: x-small;">CITY - ST - ZIP</td> <td style="font-size: x-small;">SUNRISE, FL 33351</td> </tr> <tr> <td style="font-size: x-small;">TITLE</td> <td style="font-size: x-small;">MGR</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td style="font-size: x-small;">ARDELEAN, SORIN</td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td style="font-size: x-small;">2801 ENE 18TH STR</td> </tr> <tr> <td style="font-size: x-small;">CITY - ST - ZIP</td> <td style="font-size: x-small;">POMPANO BEACH, FL 33062</td> </tr> <tr><td style="font-size: x-small;">TITLE</td><td></td></tr> <tr><td style="font-size: x-small;">NAME</td><td></td></tr> <tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: x-small;">CITY - ST - ZIP</td><td></td></tr> <tr><td style="font-size: x-small;">TITLE</td><td></td></tr> <tr><td style="font-size: x-small;">NAME</td><td></td></tr> <tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: x-small;">CITY - ST - ZIP</td><td></td></tr> <tr><td style="font-size: x-small;">TITLE</td><td></td></tr> <tr><td style="font-size: x-small;">NAME</td><td></td></tr> <tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: x-small;">CITY - ST - ZIP</td><td></td></tr> </table>		TITLE	MGRP	NAME	ARDELEAN, CONSTANTIN	STREET ADDRESS	8445 SPRINGTREE DR	CITY - ST - ZIP	SUNRISE, FL 33351	TITLE	MGR	NAME	ARDELEAN, SORIN	STREET ADDRESS	2801 ENE 18TH STR	CITY - ST - ZIP	POMPANO BEACH, FL 33062	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		U000000160544 05/17/04-80003-005 50.00 DO NOT WRITE IN THIS SPACE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or the receiver or trustee empowered to execute this report as required by Chapter 906, Florida Statutes.																																											
SIGNATURE: <i>Constantin Ardelean</i>		05/11/04 - 954-983-3																																									
SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Signature Place 2																																											