

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002725

FILED
Sep 15, 2006
Secretary of State

Entity Name: SHERIDAN APARTMENTS, LLC

Current Principal Place of Business:

4200 SHERIDAN HOLLYWOOD
STE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

8445 SPRINGTREE DRIVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1079621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, THOMAS M
8445 SPRINGTREE DRIVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

CONSTANTINE, ARDELEAN M
8445 SPRINGTREE DRIVE
SUNRISE, FL 33351 US

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.

SIGNATURE: CONSTANTINE AEDELEAN

09/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: ARDELEAN, CONSTANTIN
Address: 8445 SPRINGTREE DR
City-St-Zip: SUNRISE, FL 33351

Title: MGR (X) Delete
Name: ARDELEAN, SORIN
Address: 2601 ENE 18TH STR
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARDELEAN, CONSTANTIN
Address: 8445 SPRINGTREE DR
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: CONSTANTINE AEDELEAN

MGR

09/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date