2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 24, 2005 08:00		
1. Entity Nan	MENT # L01000 SHERWOOD, LLC	011467		Sec	retary of Stat	
Principal Place of Business Mailing Address 875 MARNARONECK AVE. 875 MARNARONECK AVE. C/O FREDERICK K. MEHLMAN MAMARONECK, NY 10543 MAMARONECK, NY 10543						
DO NOT WRITE IN THIS SPACE			CE	01062005 No Chg-LLC CR2E083 (10/03)		
	6. Name and Address of Cu	irrent Registered Agent		<u> </u>		
MANELLA, ROSS H ESQ. 2237 N. COMMERCE PARKWAY SUITE, 3 WESTON, FL 33326				DO NOT WR		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005						
9.	MANAGING N	EMBERS/MANAGERS	J			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIENER ACQUISITION CO 875 MARNARONECK AVE. MAMARONECK, NY 10543	and the second second second second		110000015 01/25/05-80	12855 1037-004 100.00	
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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)(i), 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FULLWICKELL

CITY-ST-ZIP

URE: 7 CONTROL OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/19/05

914-899-8000

Daytime Phone #