

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026592

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: SHELDON MANAGEMENT COMPANY, L.L.C.

## Current Principal Place of Business:

22429 BROOKSIDE WAY  
BARRINGTON, IL 60010

## New Principal Place of Business:

337 BRIDGE LANE, #314  
WATERSOUND, FL 32461

## Current Mailing Address:

22429 BROOKSIDE WAY  
BARRINGTON, IL 60010

## New Mailing Address:

PO BOX 613245  
WATERSOUND, FL 32461

FEI Number: 37-1452185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHELDON, MARJORIE M  
535 VILLAGE PLACE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

PUTZ, BARBARA S  
337 BRIDGE LANE, #314  
WATERSOUND, FL 32461 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: BARBARA S PUTZ

01/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PUTZ, BARBARA S  
Address: 22429 BROOKSIDE WAY  
City-St-Zip: BARRINGTON, IL 60010

Title: MGR (X) Delete  
Name: SHELDON, MARJORIE M  
Address: 535 VILLAGE PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: SHELDON, EDWARD M  
Address: 3 REVERE RD  
City-St-Zip: DARIEN, CT 06820

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PUTZ, BARBARA S  
Address: PO BOX 613245  
City-St-Zip: WATERSOUND, FL 32461

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

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: BARBARA S PUTZ

MRS

01/05/2006

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