2004 LIMITED LIABILITY COMPANY FILED

ė.		ANNUAL R	EPORT (AR)) -	د د اکست	(01 -			
DOCUMENT # L03000016795 1. Entity Name						.5	O4 APR 14 AI	M 8:47		
SHERWOOD PROPERTIES, LLC						I'AL	ECRETARY OF LAHASSEE, F	STATE LORIDA	-	
Principal Place of Business 6304 BENJAMIN ROAD, SUITE 503			Mailing Address 6304 BENJAMIN ROAI	Mailing Address 6304 BENJAMIN ROAD, SUITE 503			\mathcal{M}	• •		
TAMPA FL 33634			TAMPA FL 33634	TAMPA FL 33634			- /	- - • • • • • • • • • • • • • • • • • •	<u> </u>	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.	,			MOORE	CR2E083		
City & State	e		City & State	<u> </u>			umber 6-a360	793	Not	plied For t Applicable
Zip		Country	Zip	Cour	ntry	5. Certific	cate of Status Desired	· - ;	\$5.00 Addi Fee Required	
	6. Name	e and Address of Current	Registered Agent		Name	7. Name	and Address of New	Registered A	igent	
WO'	LFE, RAN	NDOLPH J PA STREET, SUITE	ʻ2700			lress (P.O. Bex Nu	umber,is Not Accepta	ble)		
TAN	100 NŤAMPA STREET, SUITE 2700 TAMPA FL 3362									<u> </u>
				-	City			FL	Zip Code	
	named entit tions of regis		or the purpose of changing its	s register	red office or re	gistered agent, o	r both, in the State of	Florida. I am f	amiliar with, a	and accept
SIGNATURE.	Signature, typeo	d or printed name of registered agent	and title if applicable. (NOT	TE: Registeri	ed Agent signature r	required when reinstatin	·g)	DATE		
1.5 G	i.		■ 「「「「「「」」」」「「」」「「「」」「「」」「「」」「「」」「「」」「「」	2000 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEE IS \$50	to be the first of the property of the second of the secon				
• -			Make Check Payab		lorida Depar lay 1, 2004	rtment of State	9			
9.*		MANAGING MEMBE	2.2 Care 1.4	10.	100 N. C. S.	STEEL CONTRACTOR	ADDITION	IS/CHANGES		
-TITLE	MGR		☐ Delete	TITL	LE		14.0.1		☐ Change	Addition
STREET ADDRESS	DOW SHERWOOD CORPORATION ORESS 6304 BENJAMIN ROAD, SUITE 503				ME REET ADDRESS	-				
CITY-ST-ZIP	TAMPA FL	_ 33634	— Outube	-	Y-ST-ZIP	.		<u> </u>	Chongs	- Addition
TITLE NAME			Delete	TITL NAM	I .	I.	ooosz	76.35	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						04/	714/040107	0001	**200.	ÜÜ
TITLE			☐ Delete	TITL	LE ·				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		emalysms new prosec		STR	ML- REET ADDRESS Y-ST-ZIP	- /		-	. =	
TITLE			☐ Delete	TITI	LE	^ _	<u> </u>		☐ Change	☐ Addition
STREET ADDRESS					MF REET ADDRESS Y-ST-ZIP	1-	7-		·	
CITY-ST-ZIP TITLE			☐ Delete	TITE	LE /	$H \rightarrow$	//		☐ Change	☐ Addition
NAME STREET ADDRESS	-				REET ADDRESS		J			
CITY-ST-ZIP TITLE			☐ Delete	CIT	Y-ST-ZIP LE	\mathcal{F}	-		☐ Change	Addition
NAME STREET ADDRESS				NA) Str	ME REET ADDRESS					
CITY-ST-ZIP	and the state of	he information currelied wit	the state and qualify t		Y-ST-ZIP	d in Section 119 (17/2Vi\ Elorida Statuts	o I further cer	tify that the ir	formation
11. I hereby certify that the information supplied with this filing spes 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 anothist 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 ecciver or trustee empowered to execute inits report as required by Chapter 608, Florida Statutes.										
SIGNAT	CIIRE:	Stain &	Gian	- 1	Flaine	P. Gra	iu _//	21/04	(813)	885-54
J. G. G.		AND TYPED OR PRINTED NAME (OF SIGNING MANAGING MEMBER, MA	ANAGER, O	R AUTHORIZED RE	EPRESENTATIVE	Date	D	aytime Phone	