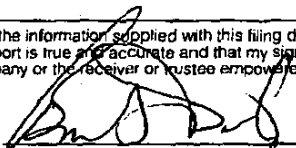


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AK)

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90062 022 ****50.00

DOCUMENT # L03000048136 1. Entity Name SHERWOOD FEDERAL HIGHWAY, L.L.C.																													
Principal Place of Business 1637 N.E. 5TH STREET, SUITE B-2N FT. LAUDERDALE FL 33301			Mailing Address 1637 N.E. 5TH STREET, SUITE B-2N FT. LAUDERDALE FL 33301																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 20-04-08-850				☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DOWLING, BRIAN S 1637 N.E. 5TH STREET, SUITE B-2N FT. LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name CLARK, THOMAS DA Street Address (B.O. Box Number is Not Acceptable) 2400 EAST COMMERCIAL BLVD SUITE 520 City FT LAUDERDALE FL Zip Code 33305																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR DOWLING, BRIAN S</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1637 N.E. 5TH STREET, SUITE B-2N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT. LAUDERDALE FL 33301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	MGR DOWLING, BRIAN S	☐ Delete	NAME	1637 N.E. 5TH STREET, SUITE B-2N		STREET ADDRESS	FT. LAUDERDALE FL 33301		CITY-ST-ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR. DOWLING BRIAN S</td> <td style="width:20%; text-align: right;">☒ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>1007 N. FEDERAL HWY #55</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT LAUDERDALE, FL 33304-1422</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	MGR. DOWLING BRIAN S	☒ Change ☒ Addition	NAME	1007 N. FEDERAL HWY #55		STREET ADDRESS	FT LAUDERDALE, FL 33304-1422		CITY-ST-ZIP		
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:  4/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																													