

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000025531

1. Entity Name
SHEFFIELD FAMILY GROUP, L.L.C.



Principal Place of Business
2 HARGROVE GRADE
PALM COAST, FL 32137 US

Mailing Address
2 HARGROVE GRADE
PALM COAST, FL 32137 US



01082007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 42-1625678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEFFIELD, GARY 2 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELLO, MICHAEL F 2 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKEEVER, DOUGLAS 2 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL G. MORELLO REVCOABLE TRUST 7/13/93 2 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80060-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael G. Morello* **MICHAEL G. MORELLO MGR** 1/8/07 386/445-5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #