

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037996

**FILED**  
**Mar 08, 2005**  
**Secretary of State**

**Entity Name:** SHEFFIELD MORTGAGE COMPANY,LLC

**Current Principal Place of Business:**

11220 POCKET BROOK DR  
TAMPA, FL 33635

**New Principal Place of Business:**

10014 N DALE MABRY HWY  
SUITE 101  
TAMPA, FL 33614

**Current Mailing Address:**

11220 POCKET BROOK DR  
TAMPA, FL 33635

**New Mailing Address:**

10014 N DALE MABRY HWY  
SUITE 101  
TAMPA, FL 33618

**FEI Number:** 16-1699678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

OBERSCHALL, VICTOR D  
10014 N DALE MABRY HWY  
SUITE 101  
TAMPA, FL 33618 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: V. DEREK OBERSCHALL

03/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: OBERSCHALL, VICTOR D  
Address: 11220 POCKET BROOK DR  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: V. DEREK OBERSCHALL

MGRM

03/08/2005

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