2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L05000106580

Entity Name: SHELDON PLAZA, LLC

Current Principal Place of Business:

11203 SHELDON ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

113 SOUTH VALRICO RD
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-3826461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIS, CATHERINE D
113 SOUTH VALRICO ROAD
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KARIM, MUMTAZ	
Address:	113 SOUTH VALRICO RD	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGRM	( ) Delete
Name:	ANIL, JAFFER	
Address:	113 SOUTH VALRICO RD	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGRM	( ) Delete
Name:	KERR, GEORGE G	
Address:	113 SOUTH VALRICO RD	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGRM	( ) Delete
Name:	HIGH, STEPHEN P	
Address:	113 SOUTH VALRICO RD	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGRM	( ) Delete
Name:	TAZIN, JAFFER	
Address:	113 SOUTH VALRICO RD	
City-St-Zip:	VALRICO, FL 33594	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ANIL JAFFER MGRM 04/21/2008

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